



Dufur High School Community Service Voucher

Student First Name

Student Last Name

Description of Community Service: _____

Date(s) of Service: _____ Location of Service _____

Printed Name of Supervisor: _____ Supervisor's Title as it Pertains to Project: _____

Number of Hours: _____ ☐ In-District Service ☐ Out-of-District Service (Please Check One)

The following statements are true:

- This community service was not part of a fundraising event for a club or organization the DHS student is a part of
- The supervisor signing this form witnessed said service

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

This form must be submitted to the office before the end of the semester in which the service was performed. Summer service is due at the end of the first semester after school resumes.



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