

Zephyrhills High School

6335 12th Street Zephyrhills, FL 33542 Amanda McCoy, Principal amccoy@pasco.k12.fl.us

http://zhs.pasco.k12.fl.us (813) 794-6100

Bulldog Pride

Rodney McKinney Assistant Principal rmckinne@pasco.k12.fl.us Kristen Hardy Assistant Principal khardy@pasco.k12.fl.us Chris Epperson Assistant Principal cepperso@pasco.k12.fl.u Eva Wasilewski Assistant Principal ewasilew@pasco.k12.fl.us

COMMUNITY SERVICE REPORTING FORM

"COMMUNITY SERVICE" IS ALTRUISTIC IN NATURE, WITH THE GOAL OF BENEFITTING THE

COMMUNITY AND ITS NEED	S. FORM MUST BE COMP	LETE.		
STUDENT'S NAME	G	RADE	STUDENT ID	
Community Service Placement will supervise student):	will be at (Name of Organiza	tion, Addre	ss, Phone, and Contact Person(s) who
The Purpose and Type of Comm do?):	nunity Service/Volunteer Wo	ork complet	ed at the Organization (What di	d you
Student Signature:				
Date(s) of Service	Hours Served	Si	Signature of Supervisor	

Please return completed form to Mrs. Simons for approval.

TOTAL # OF HOURS