

Oswego City School District Certificate of Community Service

This application must be submitted to the High School Administration. Submit or mail forms to the Oswego High School, Attention: Administration, 2 Buccaneer Blvd. 13126, or fax to 315-341-2920.

Student Name: _____

Graduation Year: _____

Here at OHS we recommend that our students engage minimally with 24 hours of community service prior to graduating from Oswego High School. We believe that this is a vital piece of each child's education, as we look forward to them becoming a contributing and productive member of their respective community in the future.

Please note that community service must be performed for a not for profit organization. Students need prior approval from OHS Administration or designee before performing the Community Service.

Community Service Provider & Evaluation Report

Community Service Provider Name: _____

Name of contact at the organization: _____

Address: _____ Phone Number: _____

Description of Community Service: _____

Total hours completed by student: _____ Date(s): _____

Service was performed to my satisfaction.

Signature of Community Service Contact

Date

Student Report/Reflection: What do you feel you have learned from this particular volunteer experience?

I certify that I have performed Community Service with the above-mentioned non-profit organization and I will not be nor have been paid for any services I have provided.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Administrator Signature: _____ Date: _____