

Thomas County Middle School Merit Service Learning Form

Instructions: *Complete ALL sections*

Student Name: _____ Homeroom: _____

Title of Organization _____

Date(s) of Service: _____ # of Hours: _____

Contact Person Information:

Name (print): _____ Signature: _____

I hereby verify the hours of service listed above

Phone Number: _____ Email: _____

Date: _____

Community Service is an action, performance, a “hands on” activity by an individual without compensation or academic credit, whose effort will directly benefit others. Participation or membership in an extra-curricular club or organization does not constitute community service (i.e., meetings or rehearsals).

Describe in detail your community service: what was your activity, where was it done, how did it benefit someone else, how does it meet the guidelines, etc.

Student’s verification signature: _____ **Date:** _____

Parent/Guardian’s signature: _____ **Date:** _____

PLEASE keep a copy for your records.

FOR OFFICE USE ONLY

Date Reviewed: _____

Approved: _____ Denied: _____ Questioned: _____