

**COMMUNITY SERVICE AT BROOKLINE HIGH SCHOOL
STUDENT PARTICIPATION AND INFORMATION
GENERAL REQUIREMENTS**

Henry J. Erelli, Coordinator

Room 167 – (617) 713 – 5024 FAX: (617) 713–5469

Name: Last: _____ First: _____ ID# _____
Address _____ CITY _____ Grade _____ HR _____
Telephone No. _____ E-mail Address _____

Please indicate choice(s) of participation in community service:

_____ I would like to join the Brookline Community Service Program and receive academic credit for my service. Every 25 hours of service is eligible for credit. Project supervisors will evaluate student performance.

List programs in which you would like to participate:

1. _____ Day _____ Time _____
2. _____ Day _____ Time _____

Agency Name _____
Supervisor _____ Phone () _____ FAX Phone () _____
Address _____

Service Information: Day _____ Time _____

Duties: _____

Credit Requirements:

1. The program outlined above is fully completed.
2. A satisfactory evaluation is obtained from the program supervisor.

Student signature

Supervisor signature

Date this form was completed _____

Date Service Began _____ Date Service Ended _____

No. Hrs. Completed
To be completed by supervisor



Credit
To be completed by service coordinator



Grade
To be completed by service coordinator

