



Winneconne Community School District
Community Service Acknowledgement Form

P. O. Box 5000
Winneconne, WI
54986-5000
920-582-5810

(Subject to approval of Community Service Committee)

Student should fill out top portion of form and have signed by a supervisor or leader of community service project.

Student Name: _____ Grad. Year: _____

Name, location and type of activity: _____

Date of Volunteer Service: _____ Total Hours volunteered: _____

(Must be turned in within 60 days of completion)

Signature of Supervisor

Title

Name of Organization

Phone Number

Address

City, State and Zip

The Community Service Committee has the right to verify hours and deny based on results.