



Wesley Chapel High School
30651 Wells Road, Wesley Chapel, FL 33545
813.794.8700 Fax: 813.794.8791

Carin Hetzler-Nettles, Principal

Rebecca Jarke
Assistant Principal

Danielle Johnson
Assistant Principal

Keith Jacobs
Assistant Principal

Scott Davey
Assistant Principal

COMMUNITY SERVICE AGREEMENT AND REPORTING FORM

“COMMUNITY SERVICE” IS ALTRUISTIC IN NATURE, WITH THE GOAL OF BENEFITTING THE COMMUNITY AND ITS NEEDS. COMMUNITY SERVICE HOURS ARE TO BE COMPLETED OUTSIDE OF THE STUDENT’S REGULAR SCHOOL AND/OR WORK SCHEDULE AND MUST BE NONPAID.

STUDENT NAME: _____ STUDENT ID: _____ DATE: _____

Community Service Placement will be at:

Name of Organization: _____

Address: _____

Contact Person(s) who will supervise student: _____

Contact Person(s) Phone Number: _____

The Purpose and Type of Community Service/Volunteer Work that will be completed at the Organization:

Dates to provide Community Service: _____

Hours Per/Week: _____

Student Signature: _____

Parent(s) Signature: _____

School (Guidance, Career Specialist) Signature: _____

RETURN TO YOUR GUIDANCE COUNSELOR or CAREER SPECIALIST

