

DUBOIS AREA SCHOOL DISTRICT
Senior High School

425 Orient Avenue
DuBois, PA 15801-3299

Phone: 814-371-8111
Fax: 814-371-3928

COMMUNITY SERVICE FORM

Pre-Approval

Student Name Pollyanna Williams Grade 11

Home Phone Number 814 371 5997 Student Cell Phone Number _____

Parent/Guardian Brenda Williams

Parent/Guardian Cell Phone Numbers 814. 603. 2856

Agency/Site Requested DAHS Oct. 4th Blood Drive

Agency Contact Person Mrs. Heidi Woods Phone ext 1307

Signature of Agency Contact: Heidi Woods Date 10-4-2011

DAHS Authorization Blood Drive Date Oct. 4th

Students: Upon fulfilling of your community service hours, please have the agency supervisor complete the bottom portion of this form and return it along with a brief paragraph reflecting your community service experience to Mrs. McCleary; DAHS, room A319.

_____ has completed 2 hours of community service
(Student's Name)
at DAHS Blood Drive. He/she helped with the following
(Agency)
projects:

Supervisor's Signature _____ Date _____