

Washington County Community Scholar
John S. Battle Student Volunteer

Student Name: _____

Service Year Grade: 9 10 11 12

Non-Profit Organization: _____

Hours Claimed for Activity: _____ (List total hours for same location on one form)

Describe Service Activity: _____

Dates of Service: _____

(Ex: 09/06/12) _____

Adult In charge _____ Title _____

(Cannot be family member, unless prior approval from John Battle WCCS Sponsor)

Adult Signature _____ Telephone _____

****Please be sure all blanks are filled in *completely* before returning this form to the Guidance office.**

*****Reminder, calendar dates are July 1 – June 30th each school year.**

Revised 9/12

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