



**STUDENT PLEDGE:** I reviewed the service learning criteria and followed the procedures for completing my community service requirements. I received no financial compensation for my service.

STUDENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT APPROVAL:** I have read the Service Learning Criteria and I state that the hours were completed in accordance with the Tiverton School Department Community Service policies.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_  
Parent Email Address: \_\_\_\_\_

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## Documentation of hours:

To be completed by the supervisor:

DATE	TIME	SERVICE PROVIDED	# of HOURS

Name of Supervisor: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Modified: April 2011

