



PITTSFIELD MIDDLE HIGH SCHOOL

23 Oneida Street, Pittsfield, NH 03263
Phone: 603.435.6701 Fax: 603.435.7087
www.pittsfieldnhschools.org

COMMUNITY SERVICE VERIFICATION FORM

Community service is work performed without monetary compensation intended to help the community in some way, be it through beautification, support, or participation at community events. Community service is voluntary work performed to help people or a person. It is meant to connect us to the community where we live, work or to the global community. Because we are all citizens, it is our responsibility to learn about and help others. It is a way to pay it forward. Community service is also a way to pay back the town, state, and country.

REQUIREMENTS:

- To receive a Pittsfield Middle High School diploma, high school students are required to complete 40 hours of community service. Forty hours will be a requirement starting with the Class of 2021. All classes graduating before 2021 will require the original 37.5 hours, prorated for transfer students.
- Students who transfer to PMHS during their high school year will have their hours prorated. Students may complete this requirement individually or by working in groups. Students may earn community service hours while enrolled in grades 7-12. Students are expected to follow the PMHS Norms while working in the community.
- All community service must be pre-approved by the advisor. The Director of College and Career has final say in all community service concerns.
- Seniors going on the Senior Class trip must complete all of their hours prior to the established date as determined by the Senior Class advisors and the Dean of Operations.

To receive credit for the hours, students must submit the original copy of the completed Community Service Verification Form to the office of College and Career Readiness within 90 days of the date of the service.

STUDENT NAME: _____

GRADE LEVEL: _____ ADVISOR: _____

SERVICE DESCRIPTION: _____

SERVICE DATE(S): _____ NUMBER OF HOURS: _____

COMMUNITY ORGANIZATION: _____

SUPERVISOR NAME: _____ POSITION: _____

SUPERVISOR PHONE: _____ EMAIL: _____

We hereby verify that the service described above was completed in coordination with the guidelines outlined in this document.

Student Signature

Date

Supervisor's Signature

Date

Advisor's Signature

Date

TO BE COMPLETED BY COLLEGE AND CAREER READINESS:

Director of College and Career Readiness

Date

College and Career Readiness Administrative Assistant

Date

