

BOLTON CENTRAL SCHOOL
Bolton Landing, New York 12814



COMMUNITY SERVICE FORM

Service Performed: _____

Location: _____

Hours Performed: _____

Provide a brief description of the service below:

Student Name

Supervisor's Name

(Print)

(Print)

(Sign)

(Sign)

"We strive for academic excellence and remarkable experiences in a supportive community, which will exceed all expectations."