

**Haworth School District**  
205 Valley Road  
Haworth, New Jersey 07641  
Phone: (201) 384-5526 Ext. 103 ♦ Fax: (201) 384-8619

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Christina Sasson

School Counselor

Name \_\_\_\_\_



I participated in Community Service on (date): \_\_\_\_\_ at (location): \_\_\_\_\_

for \_\_\_\_\_ hours.

Supervisor Signature \_\_\_\_\_

I participated in Community Service on (date): \_\_\_\_\_ at (location): \_\_\_\_\_

for \_\_\_\_\_ hours.

Supervisor Signature \_\_\_\_\_

I participated in Community Service on (date): \_\_\_\_\_ at (location): \_\_\_\_\_

for \_\_\_\_\_ hours.

Supervisor Signature \_\_\_\_\_

I participated in Community Service on (date): \_\_\_\_\_ at (location): \_\_\_\_\_

for \_\_\_\_\_ hours.

Supervisor Signature \_\_\_\_\_

My child did not receive any money for his/her services.

Parent Signature \_\_\_\_\_