



Lyons Middle/High School  
 10 Clyde Road  
 Lyons, NY 14489  
 315-946-2200  
 20-Hour Community Service Project Form



**Student Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Current Grade: \_\_\_\_\_

**Job Information**

Community Service/Business Name: \_\_\_\_\_

Supervisor \_\_\_\_\_ Department/Title: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Date Worked: \_\_\_\_\_ Hours: \_\_\_\_\_

Date Worked: \_\_\_\_\_ Hours: \_\_\_\_\_

Date Worked: \_\_\_\_\_ Hours: \_\_\_\_\_

Date Worked: \_\_\_\_\_ Hours: \_\_\_\_\_

Date Worked: \_\_\_\_\_ Hours: \_\_\_\_\_

**To be completed by supervisor:**

Description of completed tasks.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

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