

The Sound School Regional Vocational Aquaculture Center
60 South Water Street
New Haven, CT 06519

APPLICATION FOR COMMUNITY SERVICE CREDIT

Read and complete the **entire** page! Missing information may result in credit being withheld.

Student Name _____ Year of Graduation _____

Name of group/agency: _____

Group/agency address: _____

Group/agency phone number: _____

Supervisor of activity: _____

Is this a school related activity? (circle one) YES NO

Describe, in detail, what services performed for this group/agency.

Check one _____ School Related Activity
 _____ Non School Related Activity

Date your service began: _____ Date your service ended: _____

Total hours: _____

Brief description of activity: _____

By signing this form you certify that:

- The hours above were completed for no pay and
- The hours above will not be used elsewhere

STUDENT SIGNATURE: _____ DATE: _____

AQUA/AG ADVISOR _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____