

**MERIDIAN MEDICAL ARTS CHARTER HIGH SCHOOL
COMMUNITY SERVICE FORM**

Thank you for participating in our community service projects.
MMACHS promotes giving back to our community.

MMACHS Students - This form must be filled out completely

Student Name _____ Grade 9 10 11 12

Organization _____

Total time donated _____ Date(s) of Service _____

Name of person verifying community service (**this cannot be a relative**) _____

Signature of person verifying community service _____ Contact phone number _____

Parent signature _____

Description of student's duties:

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