

District Office

ALLEGANY-LIMESTONE CENTRAL SCHOOL

3131 Five Mile Road • Allegany, NY 14706

Community Service Participation Form

Signature of Student _____ Date ____

Phone: 716-375-6600 Student's Name _____ Grade ____ Date ____ Fax: 716-375-6629 Middle-High School Ext. 2110/2100 Organization or Agency ______ Fax: 716-375-6630 Name of Organization Leader _____ **Elementary School** Ext. 4172 **Address of Agency** Fax: 716-375-6628 **Special Education** Ext. 4164 Fax: 716-375-6601 **Phone Number of Agency Bus Garage** Ext. 6612 Fax: 716-375-6627 Please describe the specific duties or assignment(s) this student volunteer completed: Date of Activity _____ # of hours _____ Signature of Contact Person _____