



High School for Health Professions  
700 Med High Drive  
Mercedes, Texas 78570  
(Phone) 956-565-2237 (Fax) 956-565-4039

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Request for Community Service

Student's Name: \_\_\_\_\_

ID#: \_\_\_\_\_ Grade: \_\_\_\_\_

Description of Volunteer Activity

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Volunteer Service: From \_\_\_\_\_ To \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Volunteer Work Completed at: \_\_\_\_\_

Phone #: \_\_\_\_\_

I certify the above information is true:

\_\_\_\_\_

\_\_\_\_\_

Print Name

Authorized Signature