

CONNER HIGH SCHOOL

TIM HITZFIELD, *Principal*

MARY SARGENT, *Assistant Principal*
JASON SHEARER, *Assistant Principal*
ROBIN SHUTTLEWORTH, *Assistant Principal*

JOEL FORD, *Counselor*
SHIRLEY DUANE, *Counselor*
TOM STELLMAN, *Athletic Director*

Community Service Form

This is to verify that _____ has completed _____
hours of community/volunteer service with
_____. His/her responsibilities included:
(name of organization)

If you have any questions, please contact me at the following address and
telephone number:

Thank you,

(Signature of Supervisor)