

**Randall K. Cooper High School**      **GRADE:** \_\_\_\_\_

859-384-5040

Fax: 859-384-5049

**MIKE WILSON, Principal**

**MALINDA BROOKS, Assistant Principal**  
**ANGELA CASTLEMAN, Assistant Principal**  
**JAMES SCHROER, Assistant Principal**

**MATTHEW DRYDEN, Guidance Counselor**  
**LESLEY VICKERS, Guidance Counselor**  
**STACEY GUTHRIE, Guidance Counselor**

**Community Service Hours**

**Student's Name:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Organization's Name:** \_\_\_\_\_

**EVENT/ACTIVITY:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

**PRINTED NAME of Person In Charge:** \_\_\_\_\_

**Signature of Person In Charge:** \_\_\_\_\_ **Phone #. of Person In Charge:** \_\_\_\_\_

**Description of duties you performed as a volunteer:** \_\_\_\_\_

**PRINTED NAME of Parent/Guardian:** \_\_\_\_\_

**Signatures of: Student:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

**Approved By RCHS Service Coordinator:** \_\_\_\_\_

**Randall K. Cooper High School**      **GRADE:** \_\_\_\_\_

859-384-5040

Fax: 859-384-5049

**MIKE WILSON, Principal**

**MALINDA BROOKS, Assistant Principal**  
**ANGELA CASTLEMAN, Assistant Principal**  
**JAMES SCHROER, Assistant Principal**

**MATTHEW DRYDEN, Guidance Counselor**  
**LESLEY VICKERS, Guidance Counselor**  
**STACEY GUTHRIE, Guidance Counselor**

**Community Service Hours**

**Student's Name:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Organization's Name:** \_\_\_\_\_

**EVENT/ACTIVITY:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

**PRINTED NAME of Person In Charge:** \_\_\_\_\_

**Signature of Person In Charge:** \_\_\_\_\_ **Phone #. of Person In Charge:** \_\_\_\_\_

**Description of duties you performed as a volunteer:** \_\_\_\_\_

**PRINTED NAME of Parent/Guardian:** \_\_\_\_\_

**Signatures of: Student:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

**Approved By RCHS Service Coordinator:** \_\_\_\_\_