

# **WPHS COMMUNITY SERVICE PROGRAM**

## **APPLICATION FORM**

**Return to Mrs. Geiger – [wphscommunityservice@wpcsd.k12.ny.us](mailto:wphscommunityservice@wpcsd.k12.ny.us)**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

APARTMENT \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

GUIDANCE COUNSELOR \_\_\_\_\_