



Chesapeake Bay Governor's School Community Service Record

Glenns Coordinator

Teresa Drumheller
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Warsaw Coordinator

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Bowling Green Coordinator

Fiora DeBorous
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Student's Name: _____

Graduation year: _____

Site (check one): Glenns

Warsaw

Bowling Green

a) Brief Description of Service:

Date of Service: _____ Hours: _____

<i>Office use only</i>	
Environmental	Other
Date entered: _____	
Approved By (faculty): _____	

Sponsoring organization: _____

Supervisor's Name: _____ Phone Number: _____

Supervisor's Signature: _____ Date submitted: _____

If you are unable to obtain a signature due to COVID, please have your supervisor send an email to the campus coordinator.

b) Brief Description of Service:

Date of Service: _____ Hours: _____

<i>Office use only</i>	
Environmental	Other
Date entered: _____	
Approved By (faculty): _____	

Sponsoring organization: _____

Supervisor's Name: _____ Phone Number: _____

Supervisor's Signature: _____ Date submitted: _____

If you are unable to obtain a signature due to COVID, please have your supervisor send an email to the campus coordinator.