

Community Service Form

First and Last Name of Student:	Grade:
Date of Service Total H	lours of Service:
Organization/Event Where Work Was Comp	pleted:
Address of Organization:	
	cribed above has been satisfactorily and fully completed and that no
Nan	ne of Student (please print)
First and Last Name of Supervisor:	
Supervisor's Title:	Supervisor's Phone Number:
Supervisor's Signature:	Date
Student's Signature:	Date

Examples of things that <u>DO NOT</u> count as community service hours: Your household chores / Working at your job / Job training/shadow / Taking care of your siblings or pets