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Community Service Hours

****ALL SERVICE HOURS MUST BE SUBMITTED BEFORE MAY 10****

This form must be completed and submitted to the Administrator. The Administrator has the right to deny any community service project they feel does not qualify. (Generally, hours must be with a non-profit organization unless pre-approved by the Administrator.)

Student Name: _____

Date: ____/____/____

Class of: _____

Grade: _____

Name of Non-Profit Organization: _____

Service Activity:

Type of work or duties and person to whom you reported: _____

Student's Signature: _____

Supervisor's Printed Name: _____ Supervisor phone number: _____

Supervisor's Signature: _____

Dates and Times:

Hours Worked*

_____	_____
_____	_____
_____	_____
_____	_____

Total Hours _____