Community Service Hours

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 should be with a non-profit organization unless pre-approved.)

Student Name:_____   Date: _____/_____/_____

Class of:_____   Grade:_____

Name of Organization served:_____

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 _____