



Community Service Form

Student Information:

Name: _____

Student/Parent Agreement

I/We understand that ALL community service hours must be completed through a 501 (c)(3) non-profit organization or a local government agency.

Parent Signature

Student Signature

Organization Information

Name of Organization: _____

Address: _____

Brief Description of Activity	Date	Time In	Time Out	# of Hours

Total # of hours this sheet: _____

Verification

I certify that these hours have been completed at our organization and that the student received no compensation for their community service hours. I am also aware that I may be contacted by the school office at any time to verify the above information.

Name of Supervisor (Print Name): _____

Title: _____ Phone Number: _____

Contact Email: _____

Signature: _____