

COMMUNITY SERVICE HOURS

STUDENT NUMBER:

YEAR OF GRADUATION:

STUDENT NAME: _____

TOTAL HOURS: _____

DATE(S) SERVICE COMPLETED:



VOLUNTEER WORK PERFORMING THE FOLLOWING TASKS:

NAME/ADDRESS OF ORGANIZATION: _____

SUPERVISOR'S NAME & SIGNATURE: _____

TITLE: _____

PHONE NUMBER: _____

DATE: _____

***** FORM MUST ACCOMPANY
ORGANIZATION/AGENCY LETTERHEAD.
RETURN FORM TO STUDENT SERVICES*****