

COMMUNITY SERVICE HOURS

PLEASE WRITE LEGIBLY.

Student Number:

Year of Graduation:

Student Name: _____



Write **COMPLETE** date(s) (month/day/year) and hours per day of service or paid work completed in the box below and attach supporting documentation as needed:

TOTAL HOURS:

Explain your role, contribution, and/or responsibilities conducted during this service OR paid work. Describe what you have contributed to your community and reflect on what you have learned from this service OR paid work:

****I affirm that all the information on this form is accurate and fully reflects my hours served to the best of my knowledge. Student Signature: _____ Date: _____**

Parent Signature: _____ Date: _____

Name/Address of Organization: _____

Phone # of Organization: _____

Supervisor's Name & Title: _____

Supervisor's Signature/Date: _____

Incomplete forms will NOT be processed. Student is responsible for submitting and retaining copies of all forms PRIOR to graduation—BEFORE your last day of school your senior year.