

# 2025-26 COMMUNITY SERVICE HOURS

PLEASE WRITE LEGIBLY.

Student Number:

Year of Graduation:

Student Name: \_\_\_\_\_



**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.**

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:

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**\*\*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:** \_\_\_\_\_