

Community Service Form



Student's Name _____

Grade _____ Date(s) of Activity _____

Time Involved with Activity (hours/minutes) _____

Description of Activity: - to be filled out by student

What was the activity?

What was your job or part?

Was this activity of benefit to you? Yes No

Why or why not?

How was this activity of benefit to others?

Student Signature

Date of Signature

My signature indicates that I did the above services as described without receiving pay or Work Experience Credit.

To the Supervisor,

Thank you for your help in this project! Please read and sign below.

I attest that the above service was:

1. Personally supervised.
2. Voluntary with no payment or grade received by the student.
3. Not done for the student's immediate family.
4. Performed in the indicated number of hours.

Please note that the student's parent may not sign this form.

Supervisor's Printed Name

(_____)_____
Supervisor's Phone #

Supervisor's Signature

Date