

COMMUNITY SERVICE
RECORD FORM

LAST NAME: _____
FIRST NAME _____
TOTAL HOURS: _____
GRADE LEVEL: 9 10 11 12 <i>PLEASE</i> <i>CIRCLE</i>
<i>ONE</i>
DATE _____

In order for the student to receive proper credit please provide all requested information.

1) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

NAME (Adult Supervisor of Sponsoring Organization):

TITLE: _____

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: _____

TELEPHONE #: _____

NAME OF ORGANIZATION: _____

DATES, TIMES OF SERVICE: _____

TOTAL HOURS: _____

DATE: _____

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2) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

NAME (Adult Supervisor of Sponsoring Organization):

TITLE: _____

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: _____

TELEPHONE #: _____

NAME OF ORGANIZATION: _____

DATES, TIMES OF SERVICE: _____

TOTAL HOURS: _____

DATE: _____

3) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

NAME (Adult Supervisor of Sponsoring Organization):

TITLE: _____

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: _____

TELEPHONE #: _____

NAME OF ORGANIZATION: _____

DATES, TIMES OF SERVICE: _____

TOTAL HOURS: _____

DATE: _____

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4) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

NAME (Adult Supervisor of Sponsoring Organization):

TITLE: _____

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: _____

TELEPHONE #: _____

NAME OF ORGANIZATION: _____

DATES, TIMES OF SERVICE: _____

TOTAL HOURS: _____

DATE: _____

5) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

NAME (Adult Supervisor of Sponsoring Organization):

TITLE: _____

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: _____

TELEPHONE #: _____

NAME OF ORGANIZATION: _____

DATES, TIMES OF SERVICE: _____

TOTAL HOURS: _____

DATE: _____

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6) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

NAME (Adult Supervisor of Sponsoring Organization):

TITLE: _____

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: _____

TELEPHONE #: _____

NAME OF ORGANIZATION: _____

DATES, TIMES OF SERVICE: _____

TOTAL HOURS: _____

DATE: _____

7) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

NAME (Adult Supervisor of Sponsoring Organization):

TITLE: _____

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: _____

TELEPHONE #: _____

NAME OF ORGANIZATION: _____

DATES, TIMES OF SERVICE: _____

TOTAL HOURS: _____

DATE: _____

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8) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

NAME (Adult Supervisor of Sponsoring Organization):

TITLE: _____

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: _____

TELEPHONE #: _____

NAME OF ORGANIZATION: _____

DATES, TIMES OF SERVICE: _____

TOTAL HOURS: _____

DATE: _____

9) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

NAME (Adult Supervisor of Sponsoring Organization):

TITLE: _____

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: _____

TELEPHONE #: _____

NAME OF ORGANIZATION: _____

DATES, TIMES OF SERVICE: _____

TOTAL HOURS: _____

DATE: _____

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10) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

NAME (Adult Supervisor of Sponsoring Organization):

TITLE: _____

I certify that this activity has been completed on a volunteer basis
and that this student has not received payment for services.

SIGNATURE: _____

TITLE: _____

TELEPHONE #: _____

NAME OF ORGANIZATION: _____

DATES, TIMES OF SERVICE: _____

TOTAL HOURS: _____

DATE: _____