COMMUNITY SERVICE
RECORD FORM

LAST NAME: ______________________________

FIRST NAME: ______________________________

TOTAL HOURS: ________

GRADE LEVEL:  9  10  11  12  PLEASE  CIRCLE  ONE

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: ____________________________________________________________________
COMMUNITY SERVICE
RECORD FORM

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: ________________________________
## COMMUNITY SERVICE RECORD FORM

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: __________________________________________________________________
COMMUNITY SERVICE RECORD FORM

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: _________________________________
COMMUNITY SERVICE
RECORD FORM

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:_______________________________________________________
COMMUNITY SERVICE
RECORD FORM

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: _____________________________________________________