# COMMUNITY SERVICE RECORD FORM

| LAST NAME: | ____________________________________________________________________________ |
| FIRST NAME: | ____________________________________________________________________________ |
| TOTAL HOURS: | __________ |
| GRADE LEVEL: | 9 10 11 12 PLEASE CIRCLE ONE |
| DATE: | ____________________________________________________________________________ |
| GUIDANCE COUNSELOR: | ___________________________ |

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
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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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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: ____________________________________________