

This form needs to be completed for each organization or agency that received your community service.

Student Name: _____

Grade: _____

Name of Organization/Agency: _____

Name of Supervisor: _____

Address of Organization/Agency: _____

Phone Number of Organization/Agency: _____

E-mail of Organization/Agency Contact: _____

Brief Description of Community Service Performed:

Date(s) of Service Performed: _____

Number of Hours Performed: _____

Supervisor Printed Name

Supervisor Signature

Date