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**Community Service Form**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_ Grade \_\_\_\_\_\_ Date Submitted \_\_\_\_\_\_\_\_\_

Date (s) of Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours & Minutes Involved \_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Activity:

What was the Activity?

What was your part?

Was this activity of benefit to you and others? (Explanation Required)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature School Pre-Approval

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

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To the Supervisor:

Thank you for your help in this project. Please sign below indicating that the above service was supervised by you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Contact Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

|  |  |
| --- | --- |
| For Office Use Only: (Circle One)  Community Church School | Approved Hours: |