



SACRAMENTO ADVENTIST ACADEMY

Community Service Form

Name _____ Grade _____

Type of Service Activity: _____

Date(s) of Service: _____

Name of Organization: _____

Hours/Minutes Completed: _____

- If this will be an ongoing service activity, please keep a separate spreadsheet with dates/hours.
- Submit the spreadsheet along with this form.
- For yearlong service activities, please submit a form each semester.

Step 1: Is this a school, church, or official volunteer program?

- a. If **YES**, you do not need pre-approval – go to **Step 3**.
- b. If **NO**, you will need pre-approval – go to **Step 2**.

Step 2: For pre-approval of your activity, email Mrs. Piner (mpiner@sacaa.org) with the following details:

- a. Describe the activity. What will you be doing and how long do you estimate you will be working?
- b. Who will be supervising this activity or authorizing that you have completed it?
- c. How does this activity benefit others? How is it a service to your community?

Step 3: Have the supervisor sign this form to verify that you have completed your service.

| | | |
|----------------------|------|--------------|
| | | (_____) |
| Supervisor Signature | Date | Phone Number |

| | | |
|------------|-------------------|---------------|
| | | |
| Print Name | Organization Name | Hours/Minutes |