

Student's name: _____

COMMUNITY SERVICE Completion Form

Please complete your **20 hours** of community service and fill in the information below. Due date: **February 26, 2014.**

1) Description of Community service completed _____

Name: _____ Phone: _____

Address: _____

City: _____

Number of hours: _____

Signature of Adult Supervisor/or for whom the service was performed

2) Description of Community service completed _____

Name: _____ Phone: _____

Address: _____

City: _____

Number of hours: _____

Signature of Adult Supervisor/or for whom the service was performed

3) Description of Community service completed _____

Name: _____ Phone: _____

Address: _____

City: _____

Number of hours: _____

Signature of Adult Supervisor/or for whom the service was performed

4) Description of Community service completed _____

Name: _____ Phone: _____

Address: _____

City: _____

Number of hours: _____

Signature of Adult Supervisor/or for whom the service was performed
