



# COMMUNITY SERVICE FORM

Date of activity: \_\_\_\_\_

Total Service Hours: \_\_\_\_\_

Student Name: \_\_\_\_\_

Location of activity: \_\_\_\_\_

Name and/or description of activity:

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Contact person: \_\_\_\_\_

Number: \_\_\_\_\_

Picture, if possible:

Principal/Guidance Signature: \_\_\_\_\_