



Community Service Hours Record

Students Name			Date of Birth		
First:	Last:	Grade:	Month:	Day:	Year:

Activity	Organization Name Phone number <u>or</u> email	Supervisor's Name <u>and</u> signature	Date of completion or duration of activity	Number of hours
			TOTAL NUMBER OF HOURS	

STUDENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

DATE: _____