

## Community Service Form

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

Date Service Begins: \_\_\_\_\_

Hours or Days Assigned:

\_\_\_\_\_ Total hours of service assigned

\_\_\_\_\_ Total days of service assigned

Community Service Job Description:

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Community Service Supervisor: \_\_\_\_\_

Date	Location of Service	Time or Days (e.g., 3 hours or a full day)	Staff Initials	Additional Comments

**At the completion of service, student will submit a reflection on what he or she learned from this experience, and an administrator, supervisor, parent, and student need to sign this document.**

Administrator Signature: \_\_\_\_\_

Community Service Supervisor Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_