Student Community Service Activity Sheet



School:

Name of activity/organization:	
Tasks/service completed:	
Number of community servicehours completed:	Start date: End date:
· ·	
Parent/guardian signature:	Student signature:
Community sponsor/community service supervisor's name and contact information: (please print)	Community sponsor/community service supervisor's signature
Name: Phone:	Date:

Please check this box to confirm that your organization is not-for-profit.