

COMMUNITY SERVICE ACTIVITY REPORT

GRADE:

RECORD OF HOURS

Instructions:
 If service is done on multiple days, record the time on the back of this card. Use only one card for each type of service per semester.
 Secure proper signatures and turn them in within 15 days of completion of service
and no later than the last regular day of the school year.
Total Number of Hours Completed:
Student Name:
Date(s) of Service: to
Description of Service:
Location of Service:
Student's Statement:
By signing below, I am testifying that the following is true:
1. I have not been paid for this service.
2. This service is of benefit to the community.
Signature of Student:
Supervisor's Statement:
By signing below, I am testifying that the following is true:
1. The student performed this service on a volunteer and unpaid basis.
2. I personally supervised this service.
3. This service is of benefit to the community.
Name of Supervisor (printed):
Signature of Supervisor:
Phone Number of Supervisor:
Date Report Signed:
LSA OFFICE USE ONLY
Date Recorded: By:

Date	Description of Work	Hours
-		
-		
	TOTAL HOURS	