



COMMUNITY SERVICE ACTIVITY REPORT

Instructions:

1. If service is done on multiple days, record time on the back of this card.
2. Use only one card for each type of service per semester.
3. Secure proper signatures and turn in with 15 days of completion of service and no later than the last regular school day of the school year.

Total Number of Hours Completed: _____

Student Name: _____ Grade: _____

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: _____

Date report signed: _____

Date Recorded: _____ By: _____

RECORD OF HOURS

Date	Description of Work	Hours
TOTAL HOURS		