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Community Service Record

acknowledge performing the following service(s)

| free of charge. |
|---|
| Description of service: |
| |
| Was this service of benefit to you? Why or why not? |
| |
| How was this service of benefit to others? |

Date(s) of Service _____

Total amount of time in service ______ hours

I confirm that the above-named student performed the described community service activity free of charge, was not done for the student's immediate family, and performed the indicated number of hours.

Supervisor's Full Name (Please Print)

Supervisor's Signature

Date

*If you have multiple days, please make sure to fill out the back with dates and times. *

Recording Hours

When performing service on a regularly scheduled basis, please record your time on this time card.

| Date | Start Time | End Time | Total Time | Service Performed |
|------|---------------|----------------|------------|-------------------|
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| | | GRAND TOTAL | | |