Providence Christian Academy

High School Independent Community Service Record

Student Name & Grade:_____

Place of Community Service:_____

Date(s) & Duration of Service Activity:_____

Total Number of Service Hours:_____

Name, Title & Email or Contact Number of Supervising Adult:

_____

_____

Signature of Supervising Adult: _____

Brief Description of Service Activity (to be completed by student):

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Providence Christian Academy

High School Independent Community Service Record

Assessment of Student Service (optional; to be completed by supervising adult):

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