

Independent Community Service Form

Student Name & Grade: _____

Place of Community Service: _____

Date(s) & Duration of Service Activity: _____

Total Number of Service Hours: _____

Please Select type of Service Hours:

School or Church: ___

Community: ___

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

Signature of Supervising Adult: _____

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

