



## Community Service Hours

When the student has completed their community service hours, please complete this form so that it may be returned to their school counselor. Thank you.

Name of Student \_\_\_\_\_

Student ID \_\_\_\_\_ Grade \_\_\_\_\_

Name of Organization \_\_\_\_\_

Person responsible for supervising student \_\_\_\_\_

Number of hours served \_\_\_\_\_

Dates and/or times hours were served:

Type of service or tasks completed:

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date