

FOXCROFT ACADEMY COMMUNITY SERVICE HOURS

**Compensation and donations are not accepted. Thank you for your support.

_____ has performed _____
(Student's Name) (Class of)

hours of community service for _____
(Organization or Person)

in the form of _____
(Description of Service Performed)

Date(s) Performed: _____

Supervisor's comments on service performed _____

Supervisor's Signature: _____ Title: _____

Phone number: _____

Signature of Parent/Guardian: _____

Signature of Student: _____

Explain in one or more paragraphs the community service your performed and your reaction to it. Use the back if needed. _____

Feedback Session with Advisor: Date: _____

Advisor's Signature: _____