

Last Name: _____ First Name: _____
ID #: _____ Grade: _____

Key Club Community Service

Each member is required to complete at least ten hours of community service per semester.

Name of Organization/ Activity:

Brief Description of Participation:

Date Completed:

Total Hours Completed:

Contact Name:

Contact Number:

Contact Signature:

Student Signature:

Parents or relatives may not be your contact signature.

If you have any questions or concerns, please contact any of the board members