

Last Name: _____ First Name: _____ ID #: _____ Grad Year: _____



GUSD Community Service Time Sheet

**Community Service is defined as volunteer service
for an approved nonprofit agency.**

- Fill in the date, hours and category for EACH DAY you volunteered.
- Obtain the signature of the supervisor for each activity.
- Sign your time sheet
- Have your parents sign your time sheet
- Return to the ASB office at your school
- Keep a copy of this form for your records.
- Must be submitted within 30 days of first entry

Please note: ONLY original forms will be accepted-copies will be rejected.

Categories:

- | | |
|--------------------------------|---|
| Senior Citizens | A |
| Disabled Citizens | C |
| The Environment | E |
| Literacy | G |
| Promoting Health and Wellness | I |
| Promoting the Arts and Culture | J |
| Young Children | B |
| School Related | D |
| The Homeless | F |
| Animal Care | H |

Date 00/00/0000	Hours (8 hrs max per day)	Category	Nonprofit Agency Name	Agency phone Number	Supervisor's Printed Name	Supervisor's Signature
Description of Activity:						
Description of Activity:						
Description of Activity:						
Description of Activity:						

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

For office use only:

Received: _____

Approved: Yes No

Reason: _____

Signature: _____