

COMMUNITY SERVICE ACTIVITY FORM

Please take this form, complete front and back and give it to Mrs. Farnan in Guidance. If you have any questions or need any further information, please see your Counselor.

Student Name: _____

Guidance Counselor: _____

Date Handed in: _____

Grade Level: _____

25 hours of Community Service will receive "Community Service Silver Distinction" while those completing 35 or more Community Service Hours will receive "Community Service Gold Distinction".

COMMUNITY SERVICE ACTIVITY: Please briefly describe the activity.

NAME and PHONE NUMBER OF ACTIVITY SUPERVISOR:

I certify that the student written above completed _____ hours of service.

Signature of Activity Supervisor: _____

Student Signature _____

