



TREASURE COAST CLASSICAL ACADEMY
DOCUMENTATION FORM
FOR VOLUNTEER SERVICE HOURS

SCHOLAR NAME _____

SCHOLAR GRADE _____

DATE OF SERVICE _____

In order to receive service-hours credit, the scholar named above has accepted the following conditions:

1. Agree to work only outside of school hours.
2. Serve only non-profit organizations or non-family individuals.
3. Refuse to accept any payment in cash or in kind.
4. Complete the form properly, describing exactly the work done during service hours.

DESCRIPTION OF WORK

Hours Completed _____

I have complied with the guidelines for community service hours.

SCHOLAR SIGNATURE _____

Date _____

PARENT SIGNATURE _____

Date _____

Service Supervisor **NAME AND TITLE** (please print) _____

ORGANIZATION _____

PHONE CONTACT for Service Supervisor _____

E-MAIL CONTACT for Service Supervisor _____

SUPERVISOR SIGNATURE _____

Date _____

TCCA scholar: Submit this to the College Guidance Office.