



Ellicott High School  
Community Service Completion Form

Date of Service \_\_\_\_\_

Student Name \_\_\_\_\_

Name of Organization \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Address of Organization \_\_\_\_\_

Phone Number of Organization \_\_\_\_\_

Brief Description of Community Service Performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Hours: \_\_\_\_\_

Signature of Supervisor/Advisor/Coach: \_\_\_\_\_