



**Joliet Township High School  
Student Community Service Form**



STUDENT NAME: \_\_\_\_\_

ID # \_\_\_\_\_ COUNSELOR: \_\_\_\_\_  
(print counselor name)

CLASS OF: \_\_\_\_\_ COUNSELOR APPROVAL: \_\_\_\_\_  
(graduation year)

On \_\_\_\_\_, I completed \_\_\_\_\_ hours of public service for:  
(date) (number)

Name of Agency: \_\_\_\_\_

Description of services performed:

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

*To be completed by representative of the service agency.*

The above student has completed \_\_\_\_\_ hours as a volunteer for:

\_\_\_\_\_  
(Name of agency)

\_\_\_\_\_  
(Signature of supervisor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone)