

Davenport Central High School Community Service Agreement

Student Name: _____

Phone: _____

Anticipated Graduation Year: _____

Service: _____

Service Description: _____

Business/Organization : _____

Location: _____

Phone: _____

Contact/Supervisor Name: _____

Start Date: _____

End Date: _____

To be filled out by supervisor upon completion of community service activity/hours.

Supervisor Signature: _____

Date of activity: _____

Total Hours: _____

Comments: _____
