

Service Activities: The student must complete each blank for each service activity.

Date:	Time: Start End	Service Type: (Circle One)	Contact name (printed):
Location:	Duration: # hours	BCS- Service to School	Contact information (phone # or email):
Activity:		CS- Community Service Hours	Signature:
Brief description of what you did:			
Date:	Time: Start End	Service Type: (Circle One)	Contact name (printed):
Location:	Duration: # hours	BCS- Service to School	Contact information (phone # or email):
Activity:		CS- Community Service Hours	Signature:
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Date:	Time: Start End	Service Type: (Circle One)	Contact name (printed):
Location:	Duration: # hours	BCS- Service to School	Contact information (phone # or email):
Activity:		CS- Community Service Hours	Signature:
Brief description of what you did:			

Total Hours of Service to BCS: _____

Overall Total Hours of Service: _____

DO NOT LOSE THIS SHEET!! This is the **ONLY** record of your service.