



Bradford High School
581 N. Temple Avenue
Starke FL., 32091
(904) 966-6075

COMMUNITY SERVICE/VOLUNTEER WORK

Community Service/Volunteer Work must be done through a Non-profit Group or Organization

STUDENT NAME: _____
(Last) (First) (Middle)

STUDENT'S ADDRESS: _____
(Street Number) (City, State) (Zip)

BEST CONTACT NUMBER: ____ - ____ - _____ GRADE _____

AGENCY NAME: _____

AGENCY ADDRESS: _____
(Street Number) (City, State) (Zip)

AGENCY NUMBER: ____ - ____ - _____ CONTACT NAME: _____

TOTAL NUMBER OF HOURS: _____
(Attach log if necessary)

DATES OF SERVICE: ____/____/____
____/____/____
____/____/____

TYPE OF SERVICE
COMPLETED: _____

_____/_____/_____
(Student Signature) (Date)

I, _____, hereby certify that the named student completed community service with our agency.

_____/_____/_____
(Supervisor's Signature) (Date)