



EPISCOPAL  
COLLEGIATE SCHOOL

**Completion of Community Service Hours**

Student's Name \_\_\_\_\_ Student Grade \_\_\_\_\_

Place of Service \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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**Section below to be completed by Agency Contact Person**

Agency Contact Person \_\_\_\_\_

Briefly describe duties assigned to student \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total number of service hours provided \_\_\_\_\_

Dates service was provided \_\_\_\_\_

Did the student assume initiative for his/her duties? \_\_\_\_\_

Did the student provide responsible service? \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Contact Person \_\_\_\_\_ Date \_\_\_\_\_

Please mail the completed form to:  
Attention: Jan Britt  
Episcopal Collegiate School  
1701 Cantrell Road, Little Rock, AR 72201

Fax: 372-2160