

Ralston High School

Part A: Service Activity

Student	Student ID	Class of
Agency or Organization		
Contact Person*		
Contact's email:		Contact's Phone
Service/Activity	Planned Start Date	Planned End Date
Student's Signature		
Registrar/Administrator Signature (if not on pre-approved list)		Date

Part B: Service Record (Please follow same in the first line.)

Date	Start Time	Activity	End Time	Hours
3/21/26	8:30 a.m.	Packed food boxes (EXAMPLE)	10:45 a.m.	2.25

I certify that the above-named student has completed _____ hours of service, as documented above.

*Contact Person's Signature: _____ Date: _____

----- FOR OFFICE USE ONLY -- PLEASE DO NOT WRITE BELOW THIS LINE -----

Recorded by _____ DATE _____