DELTA High School

Record of Community Service

Student Name:	
Student #:	
Clump Advisor:	

ORGANIZATION, NON-PROFIT, OR GROUP NAME:	
DATE(S) OF SERVICE:	
***TOTAL* HOURS OF SERVICE**:	

PLEASE BRIEFLY DESCRIBE THE SERVICE YOU PROVIDED:

TO BE COMPLETED BY SERVICE SUPERVISOR: Before signing, please confirm the student has fully & accurately completed the top portion of this form. Thank you!

Supervisor name	
Supervisor signature	
Supervisor email	
SUPERVISOR COMMENTS (OPTIONAL):	

*NOTE: If you are unable to obtain a signature, please attach an email to this form from your supervisor confirming your hours of service.

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