Revision: 7-9-2025

High School Academies

Youth Expanding Service Y.E.S. PROGRAM

Community Service Documentation Form

Always keep this paper form for your records.

NAME _____ **STUDENT ID#** _____

ACADEMY _____ **CLASS OF** _____

DATE(s) SERVICE PERFORMED _____ **NUMBER OF HOURS OF SERVICE** _____

A log must be attached for services performed on multiple dates indicating number of hours performed on each date

LOG ATTACHED? *(circle one)* **YES/NO**

DESCRIPTION OF COMMUNITY SERVICE *Be specific - what exactly did you do?*

WERE YOU PAID, REWARDED OR REQUIRED TO DO THIS SERVICE? *(circle one)* **YES/NO**

SIGNATURE OF STUDENT: _____

NON-PROFIT ORGANIZATION/AGENCY INFORMATION

NAME OF ORGANIZATION _____

CONTACT PERSON _____

PHONE NUMBER _____ **WEBSITE** _____

EMAIL ADDRESS _____

STREET ADDRESS _____

SIGNATURE _____ **DATE** _____

Before signing this form, please verify that the student's name, date and number of hours worked have all been properly filled in.

SIGNATURE OF PARENT _____