

Student Name _____ Date _____



Community Service Project: _____

Directions:

1. Complete a minimum of 10 hours of service per year
2. Must complete service for someone other than a relative
3. Must work for someone over the age of 21
4. Students must not receive payment for work completed
5. Community service hours which are court or school ordered are not permitted to be counted
6. Student may complete more than one community service project
7. School or club fundraising activities are not considered community service hours unless money is being donated to a charitable organization
8. Community service papers must be signed by the adult supervisor within seven (7) days of the service to be counted
9. Community service hours should not interrupt the educational process of the school day

Date: _____ Hours Completed: _____

Parent Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Title/Position: _____ Phone: _____

Comments (Please make a brief comment on the student's performance)

Student Summary:

What did you do for your project:

Actual date of activity: _____

What do you feel you learned:

How do you feel the community benefited:
