



COMMUNITY SERVICE DOCUMENTATION FORM

This is to certify that _____ from

Student Name

_____, Class of _____ has performed volunteer service

Name of School

hours on the date(s) and location(s) listed below.

Name of Organization/Non-Profit/Event: _____

Address: _____

Phone Number: _____

Date of the Event	Time In	Time Out	Total Hours Per Day

Specific Duties/Services Performed:

Supervisor Name (Please Print): _____

Supervisor Signature: _____

Date: ____/____/____