



## Community Service Form

Student's Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (      )      -

Number of Hours Completed: \_\_\_\_\_

Date of Project \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student's Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Reflections

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Contact Person's Name (Please Print): \_\_\_\_\_

Contact Person's Signature: \_\_\_\_\_

*"Whatever measure you use to give – large or small – will be used to measure what is given back to you." Luke 6:38*