

Serving Your Community Hours

School Year _____

Name: _____

Grade: _____

Quarter (Choose One)

1st

2nd

3rd

4th

Date	Hours	Job/Activity	Supervisor Name & Phone Number	Supervisor Signature

Supervisor Feedback (optional)

Student Feedback:

Job/Activity	What value did you add to society by serving your community?

I verify that I have served the hours above in a capacity that was designated to serve my community. I received no compensation or gifts for my time of service.

Student Signature: _____