



Grade Level: ___9 ___10 ___11 ___12 Graduation Year: _____ Today's Date: _____

Student Name: _____

COMMUNITY SERVICE ACTIVITY INFORMATION

(Please Print)

ORGANIZATION/SPONSOR: _____

DATE OF PROJECT: _____

DESCRIPTION OF COMMUNITY SERVICE ACTIVITY: _____

TOTAL NUMBER OF PROJECT HOURS COMPLETED: _____

ORGANIZATION SUPERVISOR'S AGREEMENT: I verify that the above student has successfully completed the community service project as stated above and has acquired ____ number of hours.

Supervisor's Name (Printed) and Signature

Supervisor's Phone Number (Contact Number)

Supervisor's e-mail address

PARENT AGREEMENT: I certify that my son/daughter has completed the community service project as outlined above. _____

Parent's/Legal Guardian's Name (Printed) and Signature

STUDENT AGREEMENT: I have successfully completed this community service project as stated above. I have acquired the number of hours indicated and I understand that these hours for community service are being considered as part of my graduation requirement from Parkview Baptist High School.

Student's Name (Printed) and Signature

For office use only:

Date form received: _____

Date hours recorded: _____

Initials: _____