



Jr. Beta Service Hour Form

Student Name: _____

Grade Level: _____6 _____7 _____8

COMMUNITY SERVICE ACTIVITY INFORMATION

(Please Print)

ORGANIZATION/SPONSOR: _____

DATE OF PROJECT: _____

DESCRIPTION OF COMMUNITY SERVICE ACTIVITY: _____

TOTAL NUMBER OF SERVICE HOURS COMPLETED: _____

ORGANIZATION SUPERVISOR'S AGREEMENT: I verify that the above student has successfully completed the community service as stated above and has acquired the stated number of hours without pay.

Supervisor's Name (Printed) and Signature

Supervisor's Phone Number (Contact Number)

Supervisor's e-mail address

PARENT AGREEMENT: I certify that my student has completed the service hours as outlined above.

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

STUDENT AGREEMENT: I have successfully completed this community service 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 requirements to be a Jr Beta Club member.

Student's Name (Printed) and Signature

For office use only:

Date form entered: _____

Initials: _____