



Community Service Form

Long Term

Student Name: _____

Event or Class: _____

Brief Description

Dates:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Discription of Services
Total Hours:								

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Principal Signature: _____

Date: _____