

Upper School Community Service Hours

Student: _____

Class of: _____

Date of Service: _____

Total Hours: _____

Time of Service: From _____ To _____

Location: _____

Type of Service: _____

Comments: _____

Supervisor Printed Name: _____

Phone #: _____

Supervisor Signature: _____

Date of Service: _____

Total Hours: _____

Time of Service: From _____ To _____

Location: _____

Type of Service: _____

Comments: _____

Supervisor Printed Name: _____

Phone #: _____

Supervisor Signature: _____

Date of Service: _____

Total Hours: _____

Time of Service: From _____ To _____

Location: _____

Type of Service: _____

Comments: _____

Supervisor Printed Name: _____

Phone #: _____

Supervisor Signature: _____