

Community Service Form

DUE EACH SEMESTER 1 WEEK BEFORE FINAL GRADES ARE SUBMITTED



Name: _____ Department: _____
 Grade Year: 9th 10th 11th 12th Semester: Fall Spring

*All students are required to perform at least 25 hours of service by the end of each school year (12.5 hours per semester).
 Community service may include any of the following or an event given prior approval by your department chair: Assistance for GSA events in any department, GSA sponsored outreach, volunteer hours for community organizations, etc.*

Organization Name		Description of Service Performed			
Dates and Hours of Service		Total Hours	Supervisor Name _____		
Date: / /	In:		Out:	Supervisor Title _____	
Date: / /	In:		Out:	Supervisor Signature _____	
Date: / /	In:		Out:	Date _____	Phone _____

Organization Name		Description of Service Performed			
Dates and Hours of Service		Total Hours	Supervisor Name _____		
Date: / /	In:		Out:	Supervisor Title _____	
Date: / /	In:		Out:	Supervisor Signature _____	
Date: / /	In:		Out:	Date _____	Phone _____

Organization Name		Description of Service Performed			
Dates and Hours of Service		Total Hours	Supervisor Name _____		
Date: / /	In:		Out:	Supervisor Title _____	
Date: / /	In:		Out:	Supervisor Signature _____	
Date: / /	In:		Out:	Date _____	Phone _____

Overall Hours Submitted _____ Department Chair Signature _____