COMMUNITY SERVICE SUMMARY SHEET

STUDENT'S LEGAL NAME _____ CLASS OF _____

Please list the activities you have completed to achieve your service hours requirement. Hours must be recorded and the total shown. Please print all information. ***(No parent, other relative, or student may sign)***

DATE	ACTIVITY	HOURS	SUPERVISOR (printed)	SIGNATURE

Total Service Hours _____ (print as many of these sheets as you need)