



# Record of Christian Community Service

Name of Student: \_\_\_\_\_

Grade 9

Grade 10

Grade 11

Grade 12

## LOCATION ADDRESS/TELEPHONE/CONTACT PERSON & DUTIES

Organization/Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Name (please Print): \_\_\_\_\_

Contact Signature: \_\_\_\_\_

Duties Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Hours: \_\_\_\_\_

## VERIFICATION SIGNATURES

Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date Completed: \_\_\_\_\_  
MM DD YYYY

Is this activity on the approved list?  YES  NO

Date Submitted: \_\_\_\_\_  
(OFFICE USE ONLY) MM DD YYYY

*If no, Principal (or Principal designate) must sign below.*

Total Hours Completed: \_\_\_\_\_

Principal: \_\_\_\_\_