

COMMUNITY SERVICE HOURS

Student Name: _____ Grade: _____

Service Organization Name: _____

Site Supervisor Name: _____

Agency Phone Number: _____

Description of Service: _____

Date	Time In	Time Out	Hours
Total Hours Submitted:			

Site Supervisor's Signature

I hereby affirm that I performed the community service hours listed in accordance with the Lake Worth Christian School Community Service Program, and that I did not receive any form of compensation for the services performed. I understand that all service hours must be performed with a non-profit community organization, service group, church or school, and that service performed for a business, profitable organization or other individuals will ordinarily not be considered acceptable. I understand that the maximum number of hours served per day can not be exceeded.

Student Signature Date