Calvary Christian High School
Community Service Student Report

Name: _____Grade: ____ Date: _____
Community Service Organization: _____
Name of Supervisor: _____Phone: _____

Instructions:

- Record the requested information for each individual time period you work. This includes when you work multiple time periods on the same day.
- Use separate form for each organization.
- Community Service forms must be turned in the same semester as served.

Description of Project	Date	Time Served
Total Time Served		

Organization Supervisor's Signature: _____

I have followed the CCHS Community Service Guidelines and have not received money, done this job for a family member, or worked during school hours.

Student Signature: _____

CCHS Administrator's Signature: _____

Return to Mrs. Peabody

Calvary Christian High School, Community Service Administrator
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