



Calvary Christian High School - Community Service

Name: _____ Grade: _____ Date: _____

Community Service Organization: _____

Name of Supervisor: _____ Phone: _____

(please print)

Instructions:

- Use separate log for each organization
- Log must be turned in same semester as served.
- Summer hours must be submitted during the first week of school
- Log must be complete including signatures –student and supervisor
- This form is to be completed by the student

Description of Service	Date	Hours
1. What service did you do?		
2. Describe a need or problem your service addresses.		
3. Describe the impact of your service on the community.		
	Total Hours →	

Organization Supervisor's Signature: _____

Student 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.

Office Use Only – Do Not Write in this Box	
CCHS Community Service Administrator _____	Date Entered: _____

Return to: Registrar's Office- Calvary Christian High School

110 N McMullen Booth Road, Clearwater, FL 33759

(727) 449-2247 Fax (727) 461-5421 www.cchs.us