

Community Service Hours Record

Student Name: _____

Date(s) Service Hours Completed: _____

Contact or Organization: _____

Number of Hours Completed: _____

Please describe the activity you completed:

This portion to be completed by the person / organization for whom you volunteered.

I, _____, certify the information above is an accurate representation of the volunteer work completed. The student did not receive compensation for his/her work.

(Signature)

(Date)

Please return the completed form to Dr. Comber within a month of the date of service.