

Community Service Plan

Please complete the following prior to beginning community service hours:

STUDENT NAME:	STUDENT NUMBER:	GRADE LEVEL & DATE:				
		,				
Community Service Site Information						
Name of Organization:	The second of th					
Address:						
City/Zip Code:						
Site Supervisor Name:						
	Site Supervisor Email:Phone:					
Student Start Date:	nt Start Date: Student End Date:					
Site Supervisor Signature:						
Parent/Guardian Signature:						
-	for which you will participate in social problem, issue, or conce	•				
Counselor Pre-approval Signature:		Date:				
Information reque	ested helow required after com	unlation of Community Sonvice Hours				
Information requested below required <u>after</u> Number of hours completed:		ate:				
Site Supervisor Signature:		ate:				
Student Signature:		ate:				
Parent Signature:		ite:				
Required documents to be submitted <u>up</u> without the following submitted paperwo		service hours (No credit will be rewarded				

- 1. Fully completed community service form with signatures.
- 2. Completed community service log with signatures.
- 3. A typed, one page essay describing the following:
 - How your services were beneficial for the community.
 - How you have experienced personal growth as a result of completing community service.

DOCUMENTED COMMUNITY SERVICE HOURS LOG SHEET

PRINT STUDENT NAME: GRADE:	PRINT STUDENT NAME:	GRADE:
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DATE	HOURS	DATE	HOURS	DATE	HOURS
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TOTAL HOOK? SORIVITTED:	
SITE SUPERVISOR SIGNATURE:	COMMUNITY
SERVICE SITE:	
STUDENT SIGNATURE:	