



COMMUNITY SERVICE FORM

Name: _____

Title: _____

Name of Service/Event: _____

Date of Service/Event: _____

Organizer/Leader's Name: _____

Organizer/Leader's Contact Information-

Name: _____

Phone Number: _____

Email: _____

Please describe your role and what duties were completed by you for this event:

Total Hours Completed (*include driving time as well*): _____

I attest that the information above is accurate, truthful, and the services provided were under volunteer circumstances and I was not paid for my time/service.

Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Guardian's Name: _____