

Record of Volunteer Work

Name of Student _____

Participating agency: _____

Address: _____

DATE(S)	HOUR(S)		SUPERVISOR NAME & CONTACT #
	TOTAL		

Description of community service performed: [student fill in 3-5 complete sentences].

How has the service you completed bettered the community? [3-5 sentences]

Supervisor: When participation is complete please complete the following:

I certify that the student named above has completed all of the hours documented on this record of service.

Supervisor Print Name: _____

Signature: _____ Phone #: _____

Email Address: _____

Would you be willing to provide the above student with a letter of recommendation for college or a job application based on the work, personality and responsibilities witnessed?

Yes _____ No _____

**All community service hours must be performed outside of school hours (unless holidays).
Students may not miss school to complete community service.**