

COMMUNITY CHRISTIAN SCHOOL

Community Service Record

When this sheet is completed, please submit a copy to the school office. It is important to keep a copy for your own records as well.

SERVICE RECORD

STUDENT NAME _____

PARENT/GUARDIAN NAME _____

Name of Organization: _____

Location: _____

Description of Service: _____

Date(s) of Service: _____

Hours Served: _____

Sponsor's Name and Phone: _____

SPONSOR SIGNATURE

Name of Organization: _____

Location: _____

Description of Service: _____

Date(s) of Service: _____

Hours Served: _____

Sponsor's Name and Phone: _____

SPONSOR SIGNATURE

Name of Organization: _____

Location: _____

Description of Service: _____

Date(s) of Service: _____

Hours Served: _____

Sponsor's Name and Phone: _____

SPONSOR SIGNATURE

Name of Organization: _____

Location: _____

Description of Service: _____

Date(s) of Service: _____

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Sponsor's Name and Phone: _____

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Location: _____

Description of Service: _____

Date(s) of Service: _____

Hours Served: _____

Sponsor's Name and Phone: _____

SPONSOR SIGNATURE

Name of Organization: _____

Location: _____

Description of Service: _____

Date(s) of Service: _____

Hours Served: _____

Sponsor's Name and Phone: _____

SPONSOR SIGNATURE

see reverse...

TOTAL HOURS/NOTES/ADMINISTRATIVE SIGNATURE

Name of Organization: _____

 Location: _____

 Description of Service: _____

 Date(s) of Service: _____
 Hours Served: _____
 Sponsor's Name and Phone: _____

 SPONSOR SIGNATURE

Name of Organization: _____

 Location: _____

 Description of Service: _____

 Date(s) of Service: _____
 Hours Served: _____
 Sponsor's Name and Phone: _____

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 Location: _____

 Description of Service: _____

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 SPONSOR SIGNATURE