

**Student's name:**

**Graduation Year:**

## **Record of Community Service**

*You must have a verifying signature for all activities.*

Date(s):

Hours:

Activity:

Description:

Verification name, signature, phone #:

Committee (School use only):

Date(s):

Hours:

Activity:

Description:

Verification name, signature, phone #:

Committee (School use only):

Date(s):

Hours:

Activity:

Description:

Verification name, signature, phone #:

Committee (School use only):

Date(s):

Hours:

Activity:

Description:

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Hours:

Activity:

Description:

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Hours:

Activity:

Description:

Verification name, signature, phone #:

Committee (School use only):

Date(s):

Hours:

Activity:

Description:

Verification name, signature, phone #:

Committee (School use only):

Date(s):

Hours:

Activity:

Description:

Verification name, signature, phone #:

Committee (School use only):