

COMMUNITY SERVICE FORM

Name _____

Yr. Of Graduation _____
Total Number of Hours _____

FRESHMAN / SOPHOMORE YR.

<i>Agency</i>	<i>Date</i>	<i>Service Performed</i>	<i>Supervisor Signature</i>	<i># Hrs.</i>

NUMBER OF HOURS COMPLETED = _____

JUNIOR / SENIOR YR.

<i>Agency</i>	<i>Date</i>	<i>Service Performed</i>	<i>Supervisor Signature</i>	<i># Hrs.</i>

NUMBER OF HOURS COMPLETED = _____

*** SOPHOMORE YR.) AND (1ST QUARTER SENIOR YR.) SO THAT THE COMMUNITY SERVICE COORDINATOR CAN RECORD THE INFORMATION ACCURATELY. RECORDS. YOU ARE RESPONSIBLE FOR THIS PAPER. IT MUST BE REVIEWED WITH THE COMMUNITY SERVICE COORDINATOR PERIODICALLY.**