

## COMMUNITY SERVICE COMPLETION FORM

Return this form to the College Counseling Suite immediately after completing your service!

Student Name	
Pride of	
Organization Where Community Service is Being Performed	
Description of What Service was Completed (SEE REQUIREMENTS BELOW BEFORE STARTING TO ENSURE WHAT YOU DO COUNTS AS COMMUNITY SERVICE!)	
Date(s) of Completion	
Total # of Service Hours Completed	
Name, Title of Supervising Adult	
Signature	
Phone # of Supervising Adult	
Email Address of Supervising Adult	

		<b>Community Service</b>	NOT Community Service	
V	<b>]</b> .	Volunteering for an organization, school, community program, or non-profit Must improve our community somehow	<ul> <li>Mowing your lawn</li> <li>Doing chores</li> <li>Helping a friend or parent at their job</li> <li>Anything that earns you money</li> </ul>	

If you are unsure if what you are doing counts as Community Service, check with your GLD or Mr. Shigenobu BEFORE you do it.