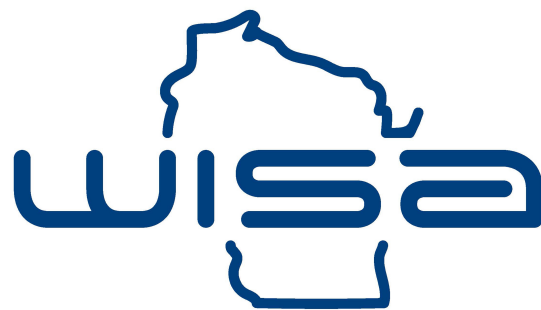


COMMUNITY SERVICE FORM



Contact Information

First name

Last name

PLACE OF SERVICE

ADDRESS

CONTACT AND PHONE

DATE(S) OF SERVICE

NUMBER OF HOURS

DESCRIPTION OF WHAT YOU DID:

I witness that the above student has completed the community service described above.

Signature of high school counselor, teacher or other outside agency which verifies participation.