



UPPER SCHOOL COMMUNITY SERVICE

To be completed by the student:

Student's Name: _____ Date: _____

Year in Upper School: 1 2 3 4

Agency or Event Information:

Name: _____

Address of Agency/Event: _____

Telephone: _____

Name of Supervisor or Supervising Adult: _____

Date Volunteered: _____ Time: _____ to _____

Responsibilities and Tasks Completed: _____

Signature of Student: _____

To be completed by Supervising Adult:

Number of service hours completed: _____

Comments: _____

Signature of Supervising Adult: _____