

# Community Service Form

Name \_\_\_\_\_ Team \_\_\_\_\_ Advisor \_\_\_\_\_

Community Service Activity (Describe)

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Number of Hours \_\_\_\_\_

Dates/Time Frame \_\_\_\_\_

## Verification

A signature verifying the activity should be obtained by Supervisor. If this is not possible, a parent's signature is needed to verify activity.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Activity Supervisor's Signature

\_\_\_\_\_  
Student's Signature

Please return to your advisor by June 1.