



"Changing Our World, One Diploma at a Time."

Hollywood Christian School
A Ministry of the Hollywood Community Church
Community Service Form

Office Use Only:
Secretary Initials
Date Received

TO BE COMPLETED BY STUDENT:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Class Of: \_\_\_\_\_

Where service was rendered: \_\_\_\_\_

What did you do? \_\_\_\_\_

Table with 3 columns: Date (Month/Day/Year), HOURS OF SERVICE (Time of Day), HOURS PER DAY. Includes multiple rows for data entry.

Total # of hours \_\_\_\_\_

TO BE COMPLETED BY SUPERVISOR: No payment may be accepted by student for services rendered.

Name of Organization/Charity/Agency \_\_\_\_\_

Address of Organization/Charity/Agency \_\_\_\_\_

Duties performed by student \_\_\_\_\_

Name and Title of Supervisor (please print) \_\_\_\_\_

Supervisor's Telephone Number \_\_\_\_\_

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

Date \_\_\_\_\_

TO BE COMPLETED BY STUDENT AND PARENT:

To the best of my knowledge, the above information is accurate.

Student Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

White Copy - Guidance Office

Yellow Copy-Student