



## Community Service Documentation Form

STUDENT NAME:		CLASS OF:	
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NAME OF ORGANIZATION OR NON-PROFIT AGENCY YOU VOLUNTEERED FOR:	
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DATE OF SERVICE:		NUMBER OF HOURS:	
BRIEF DESCRIPTION OF SERVICE ACTIVITY:			

ADDRESS OF AGENCY:		PHONE # OF AGENCY:	
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SUPERVISOR NAME:	
SUPERVISOR EMAIL:	
SUPERVISOR SIGNATURE:	

WERE YOU PAID FOR THIS ACTIVITY?	
ARE YOU A MEMBER OF THIS AGENCY?	
SIGNATURE OF STUDENT:	

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OFFICE USE ONLY – HOURS ARE NOT APPROVED TIL SIGNED BY SOAR ADMINISTRATOR

SOAR ADMINSTRATOR NAME:	
SOAR ADMINISTRATOR EMAIL:	
SOAR ADMINISTRATOR SIGNATURE:	