COMMUNITY SERVICE FORM

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   GRADUATION YEAR \_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| DATE OF SERVICE | COMPLETE DESCRIPTION-  **Must** include Name of Organization and what you did for them | # OF HOURS | SIGNATURE FOR VERIFICATION & PHONE NUMBER |
|   |     |   |   |
|    |     |   |    |
|    |     |   |   |
|     |   |   |   |
|     |   |   |   |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |