**COMMUNITY SERVICE PROJECT AND HOURS FORM**

**Student Information** (Please Type or Print)

|  |  |
| --- | --- |
| Name: | Student ID: |
| School: | Term: |  1  2  3  4 |

# Student Agreement

I understand that **ALL** community service hours must be completed through a 501(c)(3) non-profit organization or a federal, state or local government agency.

|  |  |
| --- | --- |
| Name of Student (Please Print) | Signature (Required) |

# Organization Information

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| --- |
| Name of Organization/Government Agency: |
| Address: |  |
| Supervisor Name: | Telephone Number: |
| Organization’s Tax ID # | Email: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Brief Description of Activity** | **Date** | **Time In** | **Time Out** | **# of hours** |
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|  |  |  |  |  |

*ALL community service hours must be completed through a 501(c)(3) non-profit organization or a federal, state or local government agency.*

Total # of hours:

I certify that these hours have been completed according to the requirements for DCPS Community Service Hours.

|  |  |  |
| --- | --- | --- |
| Name of Supervisor | Title | Signature (Required) |