

FOR OFFICE USE ONLY:

Received by: _____

Date received: _____

QVMS PVSA
Community Service Documentation Form
(Please write neatly)



FIRST NAME: _____ LAST NAME: _____ GRADE: _____

DATE OF SERVICE: _____ NUMBER OF HOURS EARNED: _____

Name of Non-Profit Agency/

Recipient of services: _____

Sponsor/Coordinator/ Recipient Signature: _____

**Before signing this form, please verify that all information has been completed accurately.*

**If there are multiple dates of service, a log must be attached with dates, number of hours worked on each date, and duties fulfilled.*

Phone number of agency/ recipient: _____

Address of agency/ recipient: _____

Email address for contact person/recipient: _____

Provide a brief description of what you did for this Community Service.

Were you paid, rewarded, or required to do this service? _____

Are you a member of the organization that benefitted from this service? _____

Student Signature _____

Parent/Guardian Signature: _____

***PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS**