

FOR OFFICE USE ONLY:

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## Y.E.S. PROGRAM

### Community Service Documentation Form

(Please write neatly)



NAME: \_\_\_\_\_ ID #: \_\_\_\_\_ CLASS OF: \_\_\_\_\_

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: \_\_\_\_\_