



Community Service Project Documentation

Please indicate your associate school

\_\_\_\_ Lakeside, \_\_\_\_ Buckeye, \_\_\_\_ Conneaut, \_\_\_\_ Geneva,
\_\_\_\_ Grand Valley, \_\_\_\_ Jefferson, \_\_\_\_ Pymatuning Valley, \_\_\_\_ St. John

All parts of this form MUST be completed for it to be credited to your program

Student Name \_\_\_\_\_ Program \_\_\_\_\_ Jr. or Sr. (indicate)

Location where the community service activity took place \_\_\_\_\_

Volunteered for: Name of Individual\*\* or Organization \_\_\_\_\_

\*\*CANNOT BE A FAMILY MEMBER

Description of Community Service Performed \_\_\_\_\_

WORK LOG

Table with 3 columns: DATE, TIME STARTED - TIME FINISHED, TOTLA HOURS. Includes an example row and a total row.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Name - Please Print \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Telephone - Cell \_\_\_\_\_ Home \_\_\_\_\_

All areas of information must be completed for form to be accepted

Reviewed by (Career Tech Instructor's Signature) \_\_\_\_\_

RETURN TO STUDENT SERVICES OFFICE LOCATED OFF THE CAFETERIA