



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 with an arrow.

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 ACTIVITIES OFFICE AT A-TECH IN B BUILDING, LOCATED OFF THE CAFETERIA - ROOM 203