

## Community Service Hours Certification

**Note: This form is to be used only if community service is on the approved district list.**

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Student Number

Description of Service Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Service: \_\_\_\_\_

The activity described above is on the District's List of Approved Service Activities. (If not, the Community Service Plan form must be completed and approved.)

\_\_\_\_\_ Total number of hours. Attach Community Service Hours Log or multiple visits to the same agency.

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

\_\_\_\_\_  
Date

*Above This Line To Be Completed By The Student*

*Below This Line To Be Completed By An Adult Who Is Not A Family Member Of The Student*

My signature below certifies that the student has completed the service hours above under my supervision.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

XC: Teacher  
Student (if desired)