



# COMMUNITY SERVICE RECORD

## PITTSBURG HIGH

Student Name:		Grade:	
Counselor Name:		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	

Student must meet with counselor regarding hours.

Hours may be approved or denied by counselor if not considered appropriate.

To be filled out by Community Service Adult Supervisor

The student named above completed **non-paid volunteer community service hours** with:

Name of organization:			
Address of organization:			
Community Service date/s:		Hours Completed:	
Printed Name of Adult Supervisor			
Organization Phone #	( )	Alt Phone #	( )

Type of Service:  School Sponsored  Community Sponsored

To be filled out by student:

**Explanation of how this service will benefit the community:**

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*By signing below I acknowledge that the information above is correct and community service hours listed above have been completed:*

**Date/s**

Adult Supervisor:		
Student:		
Counselor:		