



2016-17 COMMUNITY SERVICE HOUR FORM

Student: _____ Grade Level: _____ Homeroom Teacher: _____

**Please turn in ONE sheet per service opportunity worked! To be used only if verification cannot be submitted on official letterhead of the organization*

Name of Organization: _____

Name of Event/Service: _____

Date of Event/Service: _____ (required) Time of Day Worked (i.e. 4 -7 PM): _____ (required)

Total Number of Hours Worked: _____ (required)

Please list specific duties performed on the back of this form. **THIS PORTION MUST BE COMPLETED OR THE FORM WILL NOT BE ACCEPTED!!**

Name of Event/Service Organizer: _____ (required) Telephone Number: _____ (required)

Email Address: _____ (required)

**I verify that the above named student worked at the listed service event on the date and at the times listed.*

Signature of Event/Service Organizer – **REQUIRED (hours not counted w/o signature)**

Date

It is highly recommended that you make a copy of the completed form to keep for your records BEFORE turning this in to the Main Office. Service hours can only count if completed for community organizations or through Andean. Service completed for private citizens is worthy, but **DOES NOT COUNT toward the 16 hour annual requirement.*