

APPLICATION FOR COMMUNITY SERVICE CREDIT

Date: _____
(Return to your counselor)

Name: _____ ID# _____

School Counselor _____ Year of Graduation _____

1. Name the group/agency where this activity will be performed _____

Address _____ Telephone _____

Supervisor of Activity/ Contact person: _____

2. Describe the nature of your service and the benefits to the community.

3. State the dates this service was performed.

Start date _____ Ending date _____

Total Hours _____

THE FOLLOWING SECTIONS MUST BE COMPLETED BY SITE SUPERVISOR

I certify that _____ has completed _____ hours in the
(Name of Student)
service described above.

Date(s) of
service: _____

Supervisor's Signature

Supervisor's name (print/type)

Date

Supervisor's Position

For Counseling Office only: Verified by _____

Date _____