

FOR OFFICE USE ONLY:

Received by:

Date received:



Y.E.S. PROGRAM Community Service Documentation Form



Please write neatly. Fill out form completely.
Every blank must have an appropriate answer or signature.

NAME:

ID# (6 digit #)

Class of:

Date of Service performed (mm/dd/yy):

of hours of service:

Name of Non-Profit Agency/
Recipient in need:

** Before signing this form, please verify that the name, date, and number of hours worked have all been filled in.
If there are multiple dates, the student must attach a log with dates and number of hours worked on each date.*

*Non-Profit Agency/Recipient in need Signature:

Area Code/Phone Number of Agency/Recipient:

Street Address of Agency/Recipient:

City, State, Zip Code:

Email contact for Agency/Recipient:

Brief description of Community Service
(what exactly did you do?)

Were you paid, rewarded or required to do this service?

Are you a member of the organization that benefitted from the service?

SIGNATURE OF STUDENT:

SIGNATURE OF PARENT/GUARDIAN:

PLEASE MAKE A COPY OF THIS FOR YOUR OWN RECORDS.

Print Form