

FOR OFFICE USE ONLY:

Revision: 09/06/2018

Received by:

Date Received:

Clements High School Y.E.S. PROGRAM Community Service Documentation Form

NAME

STUDENT ID#

EMAIL

CLASS OF

3rd PERIOD TEACHER

DATE(s) SERVICE PERFORMED

NUMBER OF HOURS OF SERVICE

A log must be attached for services performed on multiple dates indicating number of hours performed on each date

LOG ATTACHED? (circle one)

YES/NO

BRIEF DESCRIPTION OF COMMUNITY SERVICE *Be specific - what exactly did you do?*

WERE YOU PAID, REWARDED OR REQUIRED TO DO THIS SERVICE? (circle one)

YES/NO

SIGNATURE OF STUDENT:

NON-PROFIT ORGANIZATION/AGENCY INFORMATION

NAME OF ORGANIZATION

CONTACT PERSON

PHONE NUMBER

WEBSITE

EMAIL ADDRESS

STREET ADDRESS

SIGNATURE

DATE

Before signing this form, please verify that the student's name, date and number of hours worked have all been properly filled in.

SIGNATURE OF PARENT

Please make a copy of the completed form. Both the original and the copy will be stamped. The copy will be returned for your records.