

Hebrew High School of New England Community Service Program

This form is to serve as documentation for students having completed community service hours. Each student is expected to complete a total of 15 hours each year. Please hand the form in to the office and keep a copy for your records.

STUDENT NAME: _____

ORGANIZATION: _____

ORG. ADDRESS: _____

ORG. PHONE #: _____ FAX #: _____

CONTACT PERSON: _____

DATE: _____ GRADE: _____

HOURS WORKED: _____

Please describe the nature of your volunteer work at this organization.

Student Signature: _____

Volunteer Coordinator Signature: _____

For Office Use Only:

Date Documented: _____ **By Whom:** _____