

<u>Date</u>	<u>Place/Description of Service</u>	<u>Parent Signature</u>	<u>Hours</u>
		<u>TOTAL</u>	

The activities listed above fall in the following service classifications (circle all that apply):

Community Improvement

Environment

Literacy and Education

Disaster Relief

Health

Safety & Violence Prevention

Elderly Assistance

Hunger & Homelessness

Youth Serving Youth

I certify that the above information is accurate.

Student

Signature _____ Date _____

Parent

Signature _____ Date _____

*Please return to the guidance office when complete.