DOCUMENTATON OF SERVICE HOURS

Student Name: _____ Student Number _____ Year of Graduation _____

Parent Name: _____ Telephone Number _____

I certify that I have completed at least 75 of community service as listed below.

Student Signature: _____ Parent signature: _____ Date: _____

Date(s) of Service	***Description of Service***	***Organization/Agency***	***Telephone No.***	***Hours***	***Contact Person/Signature***

TURN IN TO GUIDANCE OFFICE