

HISP@CKM

HUMANITIES AND INTERNATIONAL STUDIES PROGRAM AT C.K. McCLATCHY HIGH SCHOOL

Community Service Report Form

Document each community service opportunity using one of the Volunteer Service blocks below. For each service opportunity listed, you must have a signature of the adult who supervised you performing your community service hours. Make additional copies of this form as needed.

YOUR NAME:	DATE:
CLASS:	PERIOD:

1. VOLUNTEER SERVICE

NAME OF AGENCY OR PERSON SERVED:	
ADDRESS AND PHONE NUMBER OF AGENCY OR PERSON SERVED:	
DATE/HOURS SERVED: (E.G. MAY 10, 2010; 8 AM TO NOON)	
DESCRIBE IN SOME DETAIL WHAT YOUR TASK WAS AT THIS VOLUNTEER EVENT:	
ARE YOU RECEIVING MONEY OR OTHER CREDIT FOR THIS SERVICE?	
SIGNATURE OF SUPERVISING ADULT:	

2. VOLUNTEER SERVICE

NAME OF AGENCY OR PERSON SERVED:	
ADDRESS AND PHONE NUMBER OF AGENCY OR PERSON SERVED:	
DATE/HOURS SERVED: (E.G. MAY 10, 2010; 8 AM TO NOON)	
DESCRIBE IN SOME DETAIL WHAT YOUR TASK WAS AT THIS VOLUNTEER EVENT:	
ARE YOU RECEIVING MONEY OR OTHER CREDIT FOR THIS SERVICE?	
SIGNATURE OF SUPERVISING ADULT:	