



## Community Service Hours

**Student Name:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Number of Hours:** \_\_\_\_\_

**Volunteer Coordinator or Contact:** \_\_\_\_\_

\_\_\_\_\_  
**Volunteer Coordinator or Contact Signature**

\_\_\_\_\_  
**Student Signature**

**Please return to Ms. Bernardino**