

Received by:

Date Received:

Clements High School Y.E.S. PROGRAM

Community Service Documentation Form

NAME: STUDENT ID# (6 DIGIT #)

CLASS OF: 3RD PERIOD TEACHER'S NAME

DATE(s) SERVICE PERFORMED: NUMBER OF HOURS OF SERVICE:

LOG ATTACHED? (circle one) *A log must be attached for services performed on multiple dates indicating number of hours performed on each date. YES NO

BRIEF DESCRIPTION OF COMMUNITY SERVICE
(Be specific - what exactly did you do?)

WERE YOU PAID, REWARDED OR REQUIRED TO DO THIS SERVICE? (circle one) YES NO

SIGNATURE OF STUDENT:

NON-PROFIT ORGANIZATION / AGENCY INFORMATION

NAME OF THE ORGANIZATION:

PHONE NUMBER: WEBSITE:

STREET ADDRESS:

CONTACT PERSON INFORMATION

NAME (please print):

EMAIL ADDRESS:

SIGNATURE & DATE: **Before signing this form, please verify that the student's name, date and number of hours worked have all been properly filled in.*
 Date.

SIGNATURE OF PARENT/ GUARDIAN: