

PLEASE KEEP A COPY FOR YOUR RECORDS!

Port Jefferson High School

COMMUNITY SERVICE HOURS

FORM MUST BE COMPLETED BY PARTICIPANT

PRINT ALL INFORMATION

TODAY'S DATE: _____ CLASS OF: _____

NAME: _____ CURRENT GRADE: _____

ACTIVITY: Supervisor's Name: _____

Phone Number: _____

Organization's Name (no initials): _____

Address: _____

Complete Description of Activity: _____

Date(s) of Participation: _____

Number of Hours: _____

I attest that the above student served a total of (round to the nearest hour)

_____ hours in the service position indicated.

Signatures: SUPERVISOR: _____

PARENT: _____

STUDENT: _____

Please do not write below this line.

Date accepted: _____ By: _____

Cumulative Hours: _____