



Volunteer Community Service Documentation Form

Student Name _____ **ID #** _____ **Grade** _____

Organization Name _____

Organization Address _____

Event (if applicable) _____

Supervisor Name _____

Supervisor Phone Number _____

Supervisor Email Address _____

Date	Time In	Time Out	Total Hours	Duties/Services Performed

I certify that the abovementioned student performed the specified volunteer service with my organization.

Supervisor Signature

Date