***BLANK ADVENTIST ACADEMY***

 For Office Use Only: Approved Hours

 (Circle One)

 Community Church School

**Community Service Form**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_ Date Submitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours & Minutes Involved\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Activity:

 What was the Activity?

 What was your part?

Was this activity of benefit to you? Why or why not?

How was this activity of benefit to others?

*My signature indicates that I did the above services as described without receiving pay or Work Experience Credit.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student Name (printed) Student Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*School Pre-Approval (printed) School Pre-Approval Signature Date*

\* A minimum of 10 of the 25 annually required hours must directly benefit the community.

\*\* Required only for service performed on personal time, not through the school.

To the Supervisor:

Thank you for your help in this project. Please read and sign below.

I attest that the above service was:

1. Supervised by me.
2. Voluntary with no payment or grade received.
3. Not done for the student’s immediate family.
4. Performed in the indicated number of hours.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supervisor Name (printed) Supervisor Signature Phone*

(Please note that the student’s parents may not sign this form.)