Administrative Form 1005Fd

Community Service Tracking Form

Administrative Procedures Cross Reference:
Community Service Volunteer Recognition

Date Amended: February 2020

Please record date and number of hours each time you volunteer at your site. (Duplicate this sheet as necessary to record more hours.)

This form must be returned to your school counsellor when you have completed 55 hours (half credit option) or 110 hours (full credit option)

Student:_____ Start Date:_____

School:_____ School Contact:_____

Organization:_____

Supervisor:_____ Phone Number: _____

DATE	HOURS FROM/TO	DESCRIPTION OF ACTIVITY / WORK PERFORMED	SUPERVISOR'S INITIALS

I certify that this student has completed the above Community Service Hours to an acceptable standard and I have no reservations recommending them to receive the Community Service Credit.

Supervisor Name _____ Signature:_____