

# E.C.H.S. Community Service Record

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_



Date	Activity	Description	Total Time Spent

Supervisor's Name \_\_\_\_\_ Contact # \_\_\_\_\_  
(Please print)

Supervisor's Signature \_\_\_\_\_

- \*Prior approval must be obtained if a parent is signing as supervisor.
- \*Use one form per service activity performed.

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