



ALL BLANKS
MUST BE
FULLY AND
ACCURATELY
COMPLETED

COMMUNITY SERVICE REPORT

NAME: _____

GRADE: _____

CLASS OF: _____

I, _____, have completed the following community service with the providers listed below. By signing this document, I verify that I have served these hours and am in compliance with FPD's Honor Code.

SERVICE DATE: ___/___/___ AGENCY NAME: _____

NUMBER OF HOURS: _____ AGENCY CONTACT: _____

AGENCY SIGNATURE: *x* _____ PHONE # OR EMAIL _____

DESCRIPTION OF WORK:

Do you believe these are Direct or Indirect Hours? _____

If indirect, circle which category best describes these hours:

Animals | Church | FPD | Non-Political Civic | Museum | Non-Profit Arts

x _____
STUDENT SIGNATURE

x _____
PARENT SIGNATURE