

ST. FREDERICK HIGH SCHOOL

COMMUNITY SERVICE FORM

Phone: (318) 323-9636

Fax: (318) 323-7456

Student's Name: _____

Date of Service: _____

Agency Name: _____

Service Performed: _____

Arrival Time: _____

Departure Time: _____

Total Hours Received: _____

Total Hours Served: _____

(To be completed by teacher)

Supervisor's Signature: _____

Phone Number for Verification: _____

This form may be duplicated, however, no more than ONE student's name and assignment per sheet is allowed.