



COMMUNITY SERVICE PROJECT AND HOURS FORM

Student Information (Please Type or Print)

Name: _____ Student ID: _____

School: _____ Term: 1 2 3 4

Student Agreement

I understand that **ALL** community service hours must be completed through a 501(c)(3) non-profit organization or a federal, state or local government agency.

Name of Student (Please Print) _____ Signature (Required) _____

Organization Information

Name of Organization/Government Agency: _____

Address: _____

Supervisor Name: _____ Telephone Number: _____

Organization's Tax ID # _____ Email: _____

Brief Description of Activity	Date	Time In	Time Out	# of hours

ALL community service hours must be completed through a 501(c)(3) non-profit organization or a federal, state or local government agency.

Total # of hours: _____

I certify that these hours have been completed according to the requirements for DCPS Community Service Hours.

Name of Supervisor _____ Title _____ Signature (Required) _____