



360 S. Shoreline Blvd., Mountain View, CA 94041
650-967-2324 * Fax (650) 967-6886

COMMUNITY SERVICE FORM

Name _____ Grade _____ Date Submitted _____

Date(s) of Activity _____ Hours & Minutes Involved* _____

Description of Activity:

What was the Activity? _____

What was your part? _____

Was this activity of benefit to you? Why or why not?

How was this activity of benefit to others? _____

Signature of Student _____

School Pre-Approval** _____

(My signature indicates that I did the above services as described without receiving pay or Work Experience Credit.)

*A minimum of 10 of the 25 annually required hours must directly benefit the community.

**Required only for service performed on personal time, not through the school.

To the Supervisor:

Thank you for your help in this project. Please read and sign below.

I attest that the above service was:

1. Supervised by me.
2. Voluntary with no payment or grade received.
3. Not done for the student's immediate family.
4. Performed in the indicated number of hours.

Print Name _____ Signature _____ Phone () _____

(Please note that the student's parents may not sign this form.)