

# Hernando Christian Academy

## Community Service Hours

School Year \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### **USE ONLY ONE FORM PER ORGANIZATION WHERE SERVICE IS PERFORMED**

Type of Service:     School     Civic     Business     Church

Date	Hours (in tenths)	Details of Service Performed

Total Number of Hours: \_\_\_\_\_

Contact Person : \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person's Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address where service performed: \_\_\_\_\_

Fax #: \_\_\_\_\_ Web Site: \_\_\_\_\_

The information above is correct and true. I realize my service hours will be invalid if any of this information is found to be untrue. I also realize that the school will follow up with the above organization to gather experiential data and confirm the above information.

Student Signature: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

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Hours logged into Student's file:  Date Completed: \_\_\_\_\_ by: \_\_\_\_\_

Information forwarded to Advancement Office for follow up:  Date: \_\_\_\_\_