

CARNEGIE VANGUARD HIGH SCHOOL

RECORD OF COMMUNITY SERVICE



STUDENT: _____

SCHOOL YEAR: _____

ADDRESS: _____

GRADE LEVEL: _____

Phone: (____) _____

AGENCY/ORGANIZATION: _____

SUPERVISOR'S NAME & TITLE: _____

SUPERVISOR'S SIGNATURE _____

PHONE NUMBER _____

TITLE OF PROJECT & DESCRIPTION OF SERVICES RENDERED: _____

DATE(S) OF SERVICE: _____

TOTAL NUMBER OF HOURS OF COMMUNITY SERVICE COMPLETED ON THIS PROJECT _____

STUDENT SIGNATURE

DATE

CARNEGIE VANGUARD HIGH SCHOOL

RECORD OF COMMUNITY SERVICE



PLEASE ATTACH ANY APPROPRIATE DOCUMENTATION TO THIS FORM