



LEADERSHIP PREP 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

PLEASE ATTACH ANY APPROPRIATE DOCUMENTATION TO THIS FORM