

FOR OFFICE USE ONLY:

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Received by:

Date Received:

## Clements High School Y.E.S. PROGRAM Community Service Documentation Form

NAME

STUDENT ID#

EMAIL

CLASS OF

3rd PERIOD TEACHER

DATE(s) SERVICE PERFORMED

NUMBER OF HOURS OF SERVICE

*A log must be attached for services performed on multiple dates indicating number of hours performed on each date*

LOG ATTACHED? (circle one)

YES/NO

BRIEF DESCRIPTION OF COMMUNITY SERVICE *Be specific - what exactly did you do?*

WERE YOU PAID, REWARDED OR REQUIRED TO DO THIS SERVICE? (circle one)

YES/NO

SIGNATURE OF STUDENT:

### NON-PROFIT ORGANIZATION/AGENCY INFORMATION

NAME OF ORGANIZATION

CONTACT PERSON

PHONE NUMBER

WEBSITE

EMAIL ADDRESS

STREET ADDRESS

SIGNATURE

DATE

*Before signing this form, please verify that the student's name, date and number of hours worked have all been properly filled in.*

SIGNATURE OF PARENT

*Please make a copy of the completed form. Both the original and the copy will be stamped. The copy will be returned for your records.*