Community Service Volunteer Service Record

Student Name: _____ Student Number _____ Year of Graduation _____

Parent Name: _____ Telephone Number(s) _____

I certify that I have completed the community service hours listed below.

Student Signature: _____ Parent Signature _____ Date: _____

Date(s) of Service	Description of Service	Organization/Agency	Telephone No.	Hours	Contact Person/Signature

Form No: CUR 112.013 – Community Service Registration
New Date: 4/24/12