



Community Service Form

Student Name _____ **Grade** _____

Organization Served: _____

Date Served _____ **Time of Service** _____

Organizational Contact: _____

Contact Person Phone # _____

Email: _____

Service Performed _____

Verification Signature: _____

Parent Signature: _____

Student Signature: _____

Please complete this form at the time of your community service. Make sure all signatures are obtained. Turn the form into the Student Services Office at Canton Academy within 2 weeks from date of service.