



"Changing Our World, One Diploma at a Time."

Hollywood Christian School
A Ministry of the Hollywood Community Church
Community Service Form

Office Use Only:
Secretary Initials
Date Received

TO BE COMPLETED BY STUDENT:

Student Name: _____ Grade: _____ Class Of: _____

Where service was rendered: _____

What did you do? _____

Table with 3 columns: Date (Month/Day/Year), HOURS OF SERVICE (Time of Day), HOURS PER DAY. Includes a Total # of hours row.

TO BE COMPLETED BY SUPERVISOR: No payment may be accepted by student for services rendered.

Name of Organization/Charity/Agency

Address of Organization/Charity/Agency

Duties performed by student

Name and Title of Supervisor (please print)

Supervisor's Telephone Number

Supervisor's Signature

Date

TO BE COMPLETED BY STUDENT AND PARENT:

To the best of my knowledge, the above information is accurate.

Student Signature: _____

Parent's Signature: _____

White Copy - Guidance Office

Yellow Copy-Student

1708 North State Road 7, Hollywood, FL 33021 • Phone (954) 322-4375 • Fax (954) 322-4383

www.hollywoodchristianschool.org