

# CHAUTAUQUA LAKE CENTRAL SCHOOL COMMUNITY SERVICE FORM

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Class of 20\_\_\_\_\_

Description of Community Service (include location, and responsibilities):

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Supervisor (Name and Title): \_\_\_\_\_

<u>DATE</u>	<u>HOURS COMPLETED</u>

### TO BE COMPLETED BY THE COMMUNITY SERVICE SUPERVISOR:

I certify that \_\_\_\_\_ completed \_\_\_\_\_ hours of  
community service at \_\_\_\_\_.

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



\_\_\_\_\_ \*\*\*\*\*STUDENTS: PLEASE CHECK HERE IF YOU NEED THIS  
FORM TURNED IN FOR NATIONAL HONOR SOCIETY CREDIT (Advisors:  
If box is checked, please forward the form to the NHS Advisor  
after you have entered student hours)