Segerstrom CSF Community Service Form

Student Name:		ID#
Grade:	Semester: Fall / Spring (circle one)	Class of: 20
Name of Organization:		
Contact Person:	The state of the s	
Contact Person's Phone #:		The state of the s
Date of Service:	1 AMAN	Number of hours:
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Describe the nature of vol	ur community service. What did you do, where	was it done. etc.?
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11-	Mary Comments	
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11 -11	M. The same of the	1
Contact Person/Superviso	r Signature confirming amount of service	LAM TENT
	1	
E003 / 1	M STATE	Date:
Contact P	Person Signature	MALEAN
1 200-4	7	
Student Signature:		Date:
CPI II		1 7 47/8 77/1
Parent Signature:	MAI 1557 222	Date:
The state of the s	1/2/	75/21/
CSF Requirements:	115 1	0/ //
	pints/semester to qualify for membership. Any	hours completed on other forms will
not be accepted!!!	Page () [] /	the 11
1 1/2	Please turn in completed forms to E10	0169-9//

Event	Point Value	Community Service
CSF Peer Tutoring	3 points per hour	Yes, 1 hour each
Knott's Berry Farms	5 points	No
Spring Conference	5 points	No
Used Ink Toner Donation	3 points for each	No
Fundraiser	3 points per bag	No
International Week	3 points per day	No
Others, must be CSF-approved	TBA	TBA