

**Segerstrom High School
Community Service Form**

Student Name: _____ ID# _____
English Teacher: _____ Room # _____
Seminar Teacher: _____ Room # _____
Grade _____

Name of Organization: _____
Contact Person: _____
Contact Person's Phone #: _____
Date of Service: _____ Number of hours: _____

Describe the nature of your community service. What did you do, where was it done, etc.?

Contact Person/Supervisor Signature confirming amount of service

_____ Date: _____
Contact Person Signature

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Once this form is complete please return it to your Seminar Class.