

Saddleback High School

Community Service Form

Student's Name _____ Date of Birth _____ ID _____

Location Where Served _____

Supervisor (Print Name) _____ Telephone _____

Hours Completed _____ Date(s) of Service _____

Narrative of service experience:

Student Signature _____ Date _____

Parent Signature _____ Date _____

Community Service Supervisor _____ Date _____