



Segerstrom High School Community Service Form

Student Name: _____

Class of: _____ ID# _____

Name of Organization: _____

Contact Person: _____

Contact Person's Phone #: _____

Contact Person /Supervisor Signature confirming amount of service

_____ Date: _____

Date of Service: _____ Number of hours: _____

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

Student Signature: _____ Date: _____