

HISP Program

Community Service Report Form

Name: _____ Date: _____

Class: _____ Period: _____

STUDENT: Fill out one of the following forms for each type of service you performed. If you need more, duplicate this sheet. Please do not just write out another form on the back.

1. Name of agency _____

or person served: _____

Address: _____ Phone _____

Date and Hours(e.g.2:30-4:00)Served: _____

Describe what you did: _____

Are you receiving any money or other credit for this service? _____

SIGNATURE OF THE SUPERVISING ADULT: _____

2. Name of agency _____

or person served: _____

Address: _____ Phone _____

Date and Hours(e.g.2:30-4:00)Served: _____

Describe what you did: _____

Are you receiving any money or other credit for this service? _____

SIGNATURE OF THE SUPERVISING ADULT: _____

3. Name of agency _____

or person served: _____

Address: _____ Phone _____

Date and Hours(e.g.2:30-4:00)Served: _____

Describe what you did: _____

Are you receiving any money or other credit for this service? _____

SIGNATURE OF THE SUPERVISING ADULT: _____