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:____________________________________________________________