(PLEASE PRINT)
STUDENT NAME: _____

COMMUNITY SERVICE RECORD
HOBGOOD ACADEMY
826-4116

NAME OF ORGANIZATION	DATE OF SERVICE	TIME OF SERVICE	HOURS	SERVICES PERFORMED	SUPERVISOR'S NAME(PLEASE PRINT)	SUPERVISORS SIGNATURE	CONTACT #
TOTAL NUMBER OF VOLUNTEER HOURS							

MUST BE FILLED OUT BY SUPERVISOR
WILL BE ACCEPTED ONLY IN INK
ANY CHANGES MUST BE INITIALED BY SUPERVISOR

10/6/201010:12 AM