



St. Joseph Christian School

COMMUNITY SERVICE DOCUMENTATION

Student Name: _____

Organization: _____

Community Site: _____

Date(s) of Participation: _____

Description of your involvement:

Total number of community service hours completed: _____

Signature of Student: _____

Supervisor's Name: _____

Signature of Supervisor: _____

Supervisor's Phone or Email address: _____

Title: _____ Date: _____