

Central Hinds Academy

Community Service

School Year:		_	
Graduation Year:		_	
Student Name:		_	
Grade when communi	ity service was performed:		
Organization or Perso	on's helped:		
Activity Description:			
List duties performed	:		
Signature or Organiza	ation Representative or Person	helped:	
Hours Served by the S	Student:		
School Use Only			
Date Form Submitted:	Initials		