



## E.W.G. Senior High Community Service-Learning Record

Student Name:

\_\_\_\_\_

Y.O.G.

\_\_\_\_\_

Date:

\_\_\_\_\_

Description of Service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Service:

\_\_\_\_\_

Hours:

\_\_\_\_\_

Supervisor Name:

\_\_\_\_\_

Supervisor Phone Number:

\_\_\_\_\_

Supervisor Email Address:

\_\_\_\_\_

Supervisor Signature:

\_\_\_\_\_

Signature of Parent Attending with Student: \_\_\_\_\_

\*This time card must be filled out in ink and returned to Ms. Balasco in the guidance office.  
Student should also keep a copy of this document.