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| **STUDENTS NAME:** |  | | |
| **Guidance Counselor:** |  | **Grade:** |  |

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| Dates of Service | Name of Organization | Number of Service Hours | Name of Supervisor | Signature of Supervisor | Supervisor’s Phone Number |
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|  | Total Number of Community Service Hours |  |  | | |

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

*I hereby certify that the above information is an accurate description of my volunteer service.*

**Parent/Guardian Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_**