

**Central Valley Christian High School  
Community Service Activity Record**

*After completing this form, return to Mrs. Reeves in the Counseling Center. Thanks!  
Remember: You must complete at least 10 hours of community service each year of high school*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Class of \_\_\_\_\_

Service Organization \_\_\_\_\_

Date(s) of service \_\_\_\_\_

Time began \_\_\_\_\_ Time finished \_\_\_\_\_

TOTAL HOURS of Service: \_\_\_\_\_

Write a paragraph or two telling about your volunteer experience. (What task did you perform, what did you find most rewarding about it, what did you not like, would you recommend this service experience to others? Why or why not?)

---

Printed Name of Supervisor \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Supervisor's Daytime Phone # \_\_\_\_\_