

**COMMUNITY SERVICE RECORD**

Student's Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_

RECORD OF VOLUNTEER HOURS

<u>DATE</u>	<u>TIME START</u>	<u>TIME END</u>	<u>VOLUNTEER ACTIVITY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
(Signature of Organization Supervisor)

\_\_\_\_\_  
(Date)

Please return to Mrs. Loyd     Ocala Christian Academy     1714 S.E. 36<sup>th</sup> Avenue, Ocala, FL 34471