



<b>Work Ethic Certification</b> Community Service Documentation
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Student Name: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Briefly describe the community service activity completed by the student:

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Date	Time In	Time Out	# Hours

Number of Hours Completed (*minimum 6 hours required to earn Work Ethic Certificate*) \_\_\_\_\_

Supervisor Comments:

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Printed Name of Community Service Supervisor

Title of Community Service Supervisor

Signature of Community Service Supervisor

Date

Students are responsible for returning completed forms to your Guidance Counselor by April 1, 2019