MT. LEBANON HIGH SCHOOL
COMMUNITY SERVICE ACTION REPORT

This form is to be filled out AFTER any community service activity was performed. Be sure to fill out the request form before you do community service. **A separate form must be used for each *different* activity. No form will be accepted without dates, phone numbers and supervisor's signature.** If you are in doubt as to the validity of an activity, ask Mrs. Kolko BEFORE starting the task. This form is to be filled out by the student.

"Community Service is work for the good of others without personal gain."

PLEASE PRINT LEGIBLY **PLEASE USE INK**

Directions:

Student: **Please fill out entire form and present to the activity supervisor for verification. After the form is signed, keep a copy for your records.**

***Supervisor*: Please verify student's tasks and hours by signing form. No form is valid without a signature, date and phone number. You may keep a copy for your records.**

Student's Name _____

Student Number _____ Homeroom/Section_____

Graduation Year _____ Student's Telephone #_____

Agency Name _____Telephone # _____

Supervisor's Name_____ Telephone # _____

Description of Task: _____

_____

Student's Comments _____

Dates of Activity:

Start Date _____

Finish Date_____

Total Number of Hours _____

Supervisor's signature_____ Date_____

RETURN ORIGINAL TO MRS. KOLKO, ROOM 648E