

Community Service Monitoring Sheet

TAKE THIS FORM TO BE SIGNED WHEN YOU PERFORM COMMUNITY SERV.

NAME: _____ GRADUATION YEAR: _____

FOR WHOM DID YOU WORK? _____

DATE(S) YOU WORKED: _____

BRIEF DESCRIPTION OF ACTIVITY: _____

Student Leadership Hours

Minimum 25 Hours a year.

TOTAL HOURS WORKED: _____

CHECK ONE: Direct Service Indirect Service

CHECK ONE: Individual Service Group Service: Organization: _____

Supervisor's Name (Print): _____

Supervisor's Signature: _____

Supervisor's Phone Number: _____

Note to supervisor: Please contact the Principal or Campus Minister at 972.270.5495 if you have any comments, suggestions, or concerns regarding your experience with this Dallas Christian High School Community Service Program and/or its participants.

OVER FOR ADDITIONAL SERVICE LISTINGS

I pledge that the above information represents an accurate record of my community service work. Student Signature: _____

Approved by: _____

FOR OFFICE USE ONLY

Service hours entered on transcript on (date): _____ by (signature) _____

Service hours not approved: _____ Reason: _____

Romans 12:1 "Offer your whole being as a living sacrifice to God for this is your spiritual act of worship."

" Hands to work, Hearts to God"
1515 Republic Parkway
Mesquite, Texas 75150