

**Community Service Completion Form**

To be used to receive credit from community service organizations/clubs/teams. Please fill out one form per each organization/club/team that received your community service.

**Date:** \_\_\_\_\_

**Club Name:** \_\_\_\_\_

**Name of Organization/Agency:** \_\_\_\_\_

**Name of Advisor:** \_\_\_\_\_

**Address of Organization/Agency:** \_\_\_\_\_

**Phone Number of Organization/Agency:** \_\_\_\_\_

**E-mail of Organization/Agency Contact:** \_\_\_\_\_

**Brief Description of community service performed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of Hours performed:** \_\_\_\_\_

**Signature of Advisor** \_\_\_\_\_

***\*\*\*For PVHS Use Only:***

**Coordinator Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Coordinator Signature:**