

FOR OFFICE USE ONLY

Received by: \_\_\_\_\_

Date received: \_\_\_\_\_

Approved by: \_\_\_\_\_

Organization ID: \_\_\_\_\_

Summer: \_\_\_\_\_

Entered by: \_\_\_\_\_



## Y.E.S. PROGRAM

### Community Service Documentation Form

Student name:(print neatly) \_\_\_\_\_

Student ID: \_\_\_\_\_ Graduating year: \_\_\_\_\_

Date service performed: \_\_\_\_\_ Number of hours of service: \_\_\_\_\_

Name of non-profit organization: \_\_\_\_\_

Email contact for organization: \_\_\_\_\_

Organization street address: \_\_\_\_\_

Organization city, state, ZIP: \_\_\_\_\_

Organization phone number: \_\_\_\_\_

Brief description of community service (what exactly did you do?): \_\_\_\_\_

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

Were you paid, rewarded or required to do this service? \_\_\_\_\_

Are you a member of the organization that benefited from the service? \_\_\_\_\_

Are these hours being submitted for credit anywhere besides the HHS YES program? \_\_\_\_\_

**\*Signature of organizational representative:** \_\_\_\_\_

***\*Before signing this form, please verify that the name, date and number of hours worked have all been filled in. If there are multiple dates, the student must attach a log with dates and number of hours worked on each date.***

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Please make a copy of this for your records*