

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