

Franklin High School Community Service

Please *PRINT* unless otherwise stated

Student Name _____ Date _____ Grad. Yr. _____

Type of Service (tutoring, camp counselor, food pantry, etc.)

Duties – Explain what you did.

Agency/Organization/person
For whom you performed community service _____

Location of Community Service _____

Date(s) community service performed _____

Number of hours completed _____

Name of supervisor _____

Phone number of supervisor _____

Supervisor's signature _____ Date _____

Supervisors are encouraged to provide feedback, comments, and/or suggestions. Please record any thought you have on this form. If necessary, you may also contact the Community Service Coordinator at Franklin High School at 937-743-8611. Thanks!

Students signature _____ Date _____