



SAN GABRIEL ACADEMY COMMUNITY SERVICE FORM

8827 E. Broadway. San Gabriel, CA 91776 (626) 292-1156 www.sangabrielacademy.org

Today's Date:

Please note that the student's parents may NOT sign this form.

STUDENT INFORMATION

Last Name First Name Middle Initial Grade

Date(s) of Activity (MM/DD/YYYY)

Hours and Minutes Involved

What was the activity?

What was your part?

Was this activity of benefit to you? Why or why not?

How was this activity of benefit to others?

My signature indicates that I did the above services as described without receiving pay or Work Experience Credit.

Student Signature

Date

TO THE SUPERVISOR

Thank you for your help in this project. Please read and sign below.

I attest that the above service was:

1. supervised by me.
2. voluntary with no payment or grade received.
3. not done for the student's immediate family
4. performed in the indicated number of hours.

Supervisor Name (Printed)

Supervisor Signature

Phone Number

OFFICE USE ONLY

Choose One: Community

Church

School

Hours Approved: _____