

**BLACK RIVER PUBLIC SCHOOL
Community Service Form**

Directions: Fill out the information below and have an adult/supervisor sign at the bottom. Place the slip in the box outside the main office.

Student Name: _____

Grade: _____ Homeroom: _____

Organization: _____

Type of Work: _____

Supervisor: _____

Supervisor Contact #: _____

Date (s) of Service: _____

Total Hours* Volunteered: _____

**Max of 20 hours per experience*

Supervisor Signature: _____

Date: _____

Office Use Only:

Date: _____ Initials: _____

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