# COMMUNITY SERVICE PROJECT AND HOURS FORM

**Student Information** (Please Type or Print)

Name: ___________________________ Student ID: ___________________________

School: __________________________ Term: □ 1 □ 2 □ 3 □ 4

**Student Agreement**

I understand that ALL community service hours must be completed through a 501(c)(3) non-profit organization or a federal, state or local government agency.

Name of Student (Please Print) ___________________________ Signature (Required) ___________________________

**Organization Information**

Name of Organization/Government Agency: ____________________________________________

Address: ____________________________________________

Supervisor Name: ___________________________ Telephone Number: ___________________________

Organization’s Tax ID #: ___________________________ Email: ___________________________

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<tr>
<th>Brief Description of Activity</th>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th># of hours</th>
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</table>

ALL community service hours must be completed through a 501(c)(3) non-profit organization or a federal, state or local government agency.

Total # of hours: ___________________________

I certify that these hours have been completed according to the requirements for DCPS Community Service Hours.

Name of Supervisor: ___________________________ Title: ___________________________ Signature (Required) ___________________________