



Washington Latin Public Charter School

Community Service Form



Student's Name _____ Grade _____ Advisor _____

Student's Email _____ Year of Graduation _____

Agency Name _____

Agency Email _____ Agency Telephone _____

Project/Event Name: _____

Purpose of Project/Event: _____

This log is to be filled in each time service is completed and verified by the Agency

Date of Service	Start Time	End Time	# Hours Worked	Supervisor (PRINT)	Supervisor Title	Supervisor Signature

Total Hours:	
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Student's Signature _____

Date: _____

Parent's Signature _____

Date: _____