



GLENWOOD SCHOOL

COMMUNITY SERVICE HOURS

Student Name: _____ **Grade:** _____

Name and Location of Organization: _____

Description of Community Service activities performed:

Start Date: _____ **End Date:** _____

Total Hours Worked: _____

*I certify that the above named student completed these community service hours.
The student was not compensated in any way for his/her service.*

Supervisor's Signature

Date

Supervisor's Contact Number and Email Address

Turn in all forms to the Guidance Office. Email Jaime Tillman at
jtillman@glenwoodgators.com if you have any questions.