

**SEVEN RIVERS CHRISTIAN SCHOOL  
COMMUNITY SERVICE FORM**

**Student Name:** \_\_\_\_\_

Grade: (please circle)    9<sup>th</sup>       10<sup>th</sup>       11<sup>th</sup>       12<sup>th</sup>

Date of Service	Total # of Hours Worked	Agency	Description of Activities	Signature of Adult Supervisor

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_      Total Hours This Page: \_\_\_\_\_      Cumulative Service Hours: \_\_\_\_\_

Signature of SRCS Personnel: \_\_\_\_\_