

IVA Christian School

Community Service Report Form

TO BE COMPLETED BY STUDENT

Student name _____ Student's Grade level _____

Total Hours of Actual Service Given _____

Dates and Actual Times Worked _____

Name of Organization _____

Work Performed _____

I certify that the information on this form is, to the best of my knowledge, truthfully reported and in keeping with the high standards of integrity of IVA Christian School.

Student's signature _____ Date _____

TO BE COMPLETED BY THE ADULT SUPERVISOR/PROJECT CONTACT

Adult Supervisor's Name _____

Contact Phone # _____

Evaluation of the student's work or comments: _____

I certify that the information on this form is, to the best of my knowledge, truthfully reported and in keeping with the high standards of my organization.

Supervisor's signature _____ Date _____

Please fill out this form only at the completion of the student's work for your agency/organization/project. You may return the completed form to the student to turn into the school, or you may mail it directly to:

Community Service Director
IVA Christian School
1430 Belleair Rd.
Clearwater, FL 33756

Reporting of the hours is ultimately the student's responsibility. If you have any questions, please phone Angel Miranda (727) 427-2848 or email him at angel@TogetherOnTheEdge.com Thank you for all your support.