

AEA COMMUNITY SERVICE TIME SHEET 2017-2018

This form is to be filled out BY THE PARENT. Each student will complete 10 hours of community service each year. Please use a different form for each organization and keep a copy for your records. If the organization is not on our school website as approved, email <u>communityservice.scv@gmail.com</u> for preapproval prior to the event. **Students must turn this form** to their classroom teacher preferably within a month of the activity. Optional reflections and/or pictures about the experience are strongly encouraged. **All forms are due by May 1**st, **2018; no exceptions.**

Student:	Grade:Teache	er:
Parent Contact Info: Em	ail or Phone Number	
Name of Agency/Organi	ization:	
Supervisor's Name/Title	e (Printed):	
Contact Info (phone/ema	ail):	
Please provide a brief de	escription of the work performed at the agency/organ	nization:
Date of Student's Visit:	Number of Volunteer Hours	s:
Organization's Supervise	or:	
Print Name	Signature	
□ Appro □ Denied Reason for De	d enial:	
□ Form i □ Missin	non-profit organization incomplete (see highlighted areas) ag signature eadline of May 1 st . (please turn in next school year)	

Verified: