COMMUNITY SERVICE DOCUMENTATION FORM

TO BE FILLED OUT BY STUDENT:

Name _______________________________ Current Form __________

Email ___________________________________________________________

Student Signature __________________________________ Date __________

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TO BE FILLED OUT BY SUPERVISOR AFTER SERVICE WORK IS COMPLETED:

Name of Organization _____________________________________________

Please check: _____ 501(c)-3 non-profit organization _____ school _____ government agency

Other (please describe) ____________________________________________

Description of student's work responsibilities __________________________

________________________________________________________________________

Dates worked __________________________________ Total number of hours worked __________

Additional Comments _____________________________________________

________________________________________________________________________

________________________________________________________________________

Supervisor Signature __________________________________ Date __________

Print Name and Title _____________________________________________

Phone __________________________ Email ___________________________

Organization’s website or address _____________________________________

Questions? Please contact Rachel Cantlay – rcantlay@lawrenceville.org  Office: 609-620-6123
Direct Fax: 609-620-6067