

Please Keep a Copy for Your Records!

Comsewogue High School

Community Service Hours

Name of Honor Society: _____

Today's Date _____

Your Name _____ Grade _____

Guidance Counselor _____

Activity: Supervisor's Name _____

Phone Number _____

Organization's name (no Initials) _____

Address _____

Complete Description of Activity

Date(s) of Participation _____

Number of Hours _____

I attest that the above student served a total of (round to the nearest hour) _____
hours in the service position indicated above.

Signatures: Supervisor _____

Parent _____

Student _____

Please do not write below this line. Date accepted: _____ by: _____

Cumulative Hours _____