Name: _____ Quarter:_____

Grade: _____

Total Hours: _____

You are required to perform community service either at a church related function or within the local community (upon approval of your Religion teacher). Speak to your parents or teachers for ideas on how to help in your community.

Fill in the table below to record your community service hours that you have completed.

Community Service Record

Date	Type of Service	Hours	Signature of Supervisor