

Hillsborough County Public Schools

Record of Community Service Hours

Name _____ Graduation Date _____

Student# _____ High School _____

*The student must submit a proposal to the Community Service Contact at the school site before beginning any project.
It is the responsibility of the student to keep the actual record of the hours of service performed.*

Total Hours _____

All community service hour documentation **MUST** be submitted by the school's graduation date. Any community service hours submitted after the graduation date even if earned prior to graduation will not be accepted. No exceptions.

Date	Start/End Time of Activity	Hours Logged	Community Service Location	Service Agency Phone #	*Signature of Service Agency Contact

*A parent/guardian cannot represent as a service agency
I agree that I have performed the above hours.

Student Signature

Date

High School Community Service Contact Signature

Date