

Orlando Christian Prep Community Service Report

Student's name: _____

Date: _____ Grade: _____

Location of Service: _____

Type of Service: _____

Supervisor's Signature: _____

| Day | Date | Hours Served |
|-----------|------|--------------|
| Sunday | | |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |

Total Hours: _____

••Please note that community service hours **must** be completed for a nonprofit organization. Students **may not** be paid for these hours. Family members **are not** acceptable resources for these hours.

