



ORLANDO CHRISTIAN PREP
COMMUNITY SERVICE REPORT

Student Name: _____ Grade: _____

Date submitted: _____

Location of Services: _____

DESCRIPTION of Community Hours Serviced:

Complete the Dates & Hours:

	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.

Supervisors Signature: _____

Date: _____