



CALHOUN COUNTY SCHOOL DISTRICT
Volunteer/Community Service Certification Form

Return form to Guidance Office immediately after service.
If you have any questions, please contact your Guidance Counselor.
Charlene Yon, Altha Public School
Nicole Purvis, Blountstown High School

One form must be completed for each activity/agency

Student: _____

School Year: _____ Grade: _____ Hours Earned: _____

Organization/
Agency: _____

Address: _____

Agency Contact Person (Please print): _____

Contact Phone Number: _____

To receive service hours credit, you must complete both sides of the form.

List EACH Day separately– including times worked and hours worked each day			
DATE SERVICE PERFORMED	HOURS WORKED ON THIS DAY	TYPE OF WORK PERFORMED	SUPERVISOR'S SIGNATURE

By signing this form, you verify that the community service hours above were

- Voluntary—for which student did not benefit financially or materially for their service;
- A service for benefit of school, non-profit community organization, or individual(s) in need;
- Service was not a direct or personal service to family member(s).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

FOR OFFICE USE ONLY

Hours Entered: _____ New Total: _____ Date Entered: _____ By: _____

Mission of organization you served: _____

Describe service(s) you performed: _____

How did/will your service benefit our community: _____

Something you learned from your experience: _____

Comments: _____
