

Student Name \_\_\_\_\_

ACADEMY OF AMERICAN STUDIES

Official Class \_\_\_\_\_

School Year 2018-2019

COMMUNITY SERVICE RECORD

Date of Service	# of Hours	Type of Service	Contact Person (print)	Signature of Contact Person	Phone #	Evaluation/Comments

**TOTAL NUMBER OF HOURS = \_\_\_\_\_**

***NOTE: IF YOU EARN MORE THAN 100 HOURS FROM ONE CONTACT PERSON, YOU MUST SUBMIT A LETTER OF DOCUMENTATION!***

**Description and Reflection on Community Service**

Provide a description and reflection of your community service activity that is listed above.

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