

**SEACOAST CHRISTIAN ACADEMY
VOLUNTARY COMMUNITY SERVICE TRACKING FORM**

This form is to be completed by students in grades 9-12. Complete one form per Community Service Project. If the Project is over an extended number of days, please list all of the dates of service. Return the completed form to the high school office.

Student

Name: _____
(Last) (First) (Middle Int.)

Date(s) of Service: _____ Total Hours: _____

Sponsoring Agency/Organization: _____

Address: _____
(Street) (City, State, Zip)

Description of Service: _____

This student has satisfactorily completed _____ hours of voluntary community service as described above.

(Print Name of Supervisor)

(Signature of Supervisor) (Date)

(Print Name of Parent)

(Signature of Parent) (Date)