



COMMUNITY SERVICE FORM

STUDENT INFORMATION

Student Name (print): _____

Nickname: _____

Grade level when work was completed: _____

School Id #: _____

FPA COMMUNITY SERVICE PRE-APPROVAL USE

Number of Hours Pre-Approved: _____

FPA Pre-Approval Signature: _____

SERVICE ORGANIZATION INFORMATION

Organization's Name: _____

Street Address: _____ City: _____ State _____ Zip _____

Phone Number: _____ Email: _____

Contact Person (if known): _____

Work Completed (describe in detail): _____

Volunteer Date(s): _____ Total Hours Volunteered: _____

Approved By: _____

Signature: _____ Date: _____

Comments: _____

FPA COMMUNITY SERVICE ADMINISTRATIVE USE

Number of Hours Approved: _____ FPA Approval Date: _____ Approved By: _____

Signature: _____

Logged By: _____

Signature: _____

