Clearfield Alliance Christian School - Community Service

Name: _____ Grade: _____

Community Service Organization: _____

Name of Supervisor: _____Phone: _____
(Please Print)

PRIOR APPROVAL GRANTED BY: _____ ***ON:***_____

Instructions:

- Use separate log for each organization.
- Log must be turned in same semester as served.
- Summer hours must be submitted during the first week of school.
- Log must be complete including signatures - student and supervisor.
- This form is to be completed by the student.

Description of Service	Date	Hours
1. What service did you do? 2. Describe a need or problem your service addresses. 3. Describe the impact of your service on the community.		
	Total Hours	

I have followed the CACS Community Service Guidelines and have not received money, done this job for a family member, or worked during school hours.

Organization Supervisor's Signature: _____ Date: _____

Student Signature: _____Date:_____

CACS Administrator: _____Date: _____

Revised 8/17/2025