

Dixie Belle
Community Service Completion Form

To be used to receive credit from community service organizations/clubs/teams. Please fill out one form per month.

Date: _____

Student Name: _____

Name of Organization/Agency: _____

Name of Supervisor: _____

Address of Organization/Agency: _____

Phone Number of Organization/Agency: _____

E-mail of Organization/Agency Contact: _____

Brief Description of community service performed:

Number of Hours performed: _____

Signature of Supervisor/Advisor _____

For Director Use Only:

Coordinator Approved; _____ Date: _____