CORNERSTONE CHRISTIAN SCHOOL

# Community Service Hours

**Name:_____ Grade:_____**

| Hours Worked | Type of Work | Name of Agency | Date | Supervisor Signature | Phone |
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**_____ Total Hours**

_____ _____ _____

*Counselor Signature* *Date* *Registrar Signature*

*Recorded on Transcript* ◯

**Community Service–** Student must complete 80 clock hours during high school career. Service must be for a non-profit organization; can be for more than one organization. No money or credit; not for a family member. Adult in the community mist sign off community service form.