



COMMUNITY SERVICE PROJECT AND HOURS FORM

Student Information (Please Type or Print)

Name: _____ ID# _____ Grade: _____ School: _____

Volunteer Organization Information (Print or Type)

Name of Organization: _____ Tax ID# _____

Street Address: _____ Phone#: _____

Supervisor's Name: _____ Email: _____

Date	Brief Description of Tasks	Time-in	Time-out	Total Hours

*I certify that these hours have been completed according to the requirements for DCPS community service hours

Name of Supervisor

Title

Signature

Student Agreement: DCPS only guarantees community service activities when they are pre-approved by the school-based community service coordinator and/or central office community service coordinator. Getting your community service project pre-approved provides an additional layer of protection for DCPS students and helps us to prevent any ethical and/or safety concerns. Any community service hours submitted without pre-approval are subject to denial, as they may not meet the standard set by DCPS.

Pre-Approved by: School CS-Coordinator/Counselor Central Office CS-Coordinator Not Pre-Approved but verified after submission Denied

Print Name: _____ Title: _____

Signature: _____ Date: _____

Think about your community service activity and review the DCPS Best Practice Standards, and respond to the following questions in a written paragraph below or attach a separate form with reflections and student

- What did you do? What community need did you meet? How did this experience develop your connection and sense of responsibility to the community, and improve your knowledge and skills as a community advocate/leader?

Student Signature: _____ **Date:** _____