



Crescent Academy International - Service Hours

First & Last Name: _____ **Student Grade:** _____ **Year:** _____

Directions: All events must be signed by the supervising adult (your advisor, business owner/manager, etc.) to receive credit. All spaces must be completed and verified for ALL events you do. Any community service that cannot be verified (checked) will not be considered or counted.

Date	Activity Description (Describe what you did & where)	Organization (Name)	Supervisor's (Name & Phone #)	Start (Time)	End (Time)	Total (Time)	Supervisor's (Signature)

Community Service Total: _____ (Hours & Minutes)