

Community Service Form

J. Frank White Academy

STUDENT DETAILS	COMMUNITY SERVICE DETAILS	
NAME:	ORGANIZATION:	
GRADE:	DATE:	
DESCRIPTION OF SERVICE:	SUPERVISOR NAME:	
	PHONE NUMBER:	
	SUPERVISOR TITLE:	

HRS.	ORGANIZATION	DATE	START TIME	END TIME

SIGNATURE **TOTAL HOURS :** STUDENT SIGNATURE DATE DATE

SUPERVISOR SIGNATURE

By signing this form, the student and the supervisor agree that the JFWA student performed the above community service hours. For community service requirements, see https://www.lmunet.edu/jfwa/life-at-jfwa/community-service .