

COMMUNITY SERVICE DIPLOMA ENDORSEMENT STUDENT DOCUMENTATION FORM

DIRECTIONS: Use this sheet to document your hours of service. Only service hours that include a supervising adult signature and email or phone number will be eligible for service credit.

STUDENT NAME	School	School AHS		District/School System AVOYCILES	
A CONTRACTOR OF THE CONTRACTOR	AHS				
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Date(s) of Completed Service:		Number of Hours:			
Description of Service: SELEC	T A CATEGORY				
Animals	Arts & Culture	Community		Crisis Support	
Disaster Relief Emergency/Safety	Education/Literacy	Environment		Faith-Based	
Health, Medicine, Wellness	Homeless, Housing & Hunger	Veterans & Military		Other	
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Enter a brief description I	here.				
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Adult Supervisor Name:			8		
Adult Supervisor Phone Number	er;	Adult St	pervisor Email:		
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Adult Supervisor Signature:		warefrommercus-unser	CONTROL CONTROL OF THE PROPERTY OF THE PROPERT	COMMITTEE TO ASSESS OF THE COLUMN	THE RESERVE THE PARTY OF THE PA
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Student Signature:					
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