

Community Service Record Sheet

Name _____

Address _____

Phones
home _____ mobile _____

email _____

Date	Start Time	Task	End Time	Total Time	Witness*

**to be initialed by the Director of the Episcopal Center or a designated witness..*

I attest that I have completed the work as recorded above in agreement with the Director
of the _____

Student Signature

Date

I attest that the above named student has completed the required community service work under my direction.

Director Signature

Date