



Family Christian Academy

Community Service Form

TO BE COMPLETED BY THE STUDENT:

Student Name: _____ Grade _____

Total Hours of Actual Service Given: _____

Date(s) and Actual Times Worked: _____

Name of Organization: _____

Nature of Work: _____

I certify that the information on this form is, to the best of my knowledge, truthfully reported and in keeping with the high standards of integrity of the Family Christian Academy Mission.

Student's Signature: _____ Date: _____

TO BE COMPLETED BY THE ADULT SUPERVISOR/PROJECT CONTACT:

Adult Supervisor's name: _____

Daytime Phone number: _____ Home Phone (optional): _____

Position with agency/organization: _____

Actual number of hours worked: _____ Verify with initials: _____

Evaluation of the student's work or comments: _____

I certify that the information on this form is, to the best of my knowledge, truthfully reported and in keeping with the high level of integrity of my organization.

Supervisor's Signature: _____ Date: _____

Note: Please fill out this form only at the completion of the student's work for your agency/organization/project. You may return the completed form to the student or you may mail it directly to:

Family Christian Academy
Community Service Director
20035 Quesada Ave
Port Charlotte, FL 33952