Alanson Public Schools Community Service Record

Name: _____ Grade: _____

Address: _____
Street Address City State Zip

Phone: _____

Please use the following table (front and back) to record your volunteer hours throughout the year. Please note that each opportunity MUST be signed by a member of the organization you were involved.

Date	Organization	Activity	Hours	Signature of Representative

Date	Organization	Activity	Hours	Signature of Representative