Please turn in when sheet is full.

Skyline High School Record of Community Service

Name: Email: Grad Year:

Phone : School Year:

Date	# of Hours	DECA	IB	Key Club	NHS	PTSA	Other	Work Completed/ Comments	Location of Work	Advisor Initials	Contact phone #
		Total Hours									

Summary of Community Service	
SHS Organization/Class	# of Hours

To the best of my knowledge, this accurately reflects my work.

Student's Signature Date

Updated 4/12/14