

**Ashtabula County Technical and Career Campus  
Community Service Project Documentation  
To be completed by student – (EXCEPT \*\*)**

**All parts of this form MUST be COMPLETED AND BE LEGIBLE for it to be credited to your program.**

\*Student Name \_\_\_\_\_ \*Program \_\_\_\_\_ \*Home School \_\_\_\_\_

\*Location, where the community service activity took place \_\_\_\_\_

\*Volunteered for: Name of Individual/ Organization (**CAN NOT BE A FAMILY MEMBER or PRIVATE BUSINESS**)

\*Description of Community Service Performed \_\_\_\_\_

\*WORK LOG

Date	Time Started – Time Finished	Total hours
<i>Example 00/00/2010</i>	<i>4:00 pm – 6:00 pm</i>	<i>2 hours</i>
Total Hours for this project		⇨

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Provider's Name-Please Print \_\_\_\_\_

\*\*Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Provider's telephone number \_\_\_\_\_

*Instructions to students: Please complete this form after your community service activity, have it reviewed and signed by your career tech instructor and then return it to the Student Activities Office at A-Tech, in B Building, located off the cafeteria.*

Remember - ALL areas of information must be completed for form to be accepted.

Reviewed by (Career Tech Instructor's Signature) \_\_\_\_\_ Date \_\_\_\_\_