

# NOTRE DAME-BISHOP GIBBONS SCHOOL

## COMMUNITY SERVICE DOCUMENTATION FORM

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NAME \_\_\_\_\_

GRADE \_\_\_\_\_

1. Name of agency/person served \_\_\_\_\_

2. Name of contact person/supervisor \_\_\_\_\_

3. Briefly describe your responsibilities in this project

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Date(s) and Time(s) of service

_____	_____
_____	_____
_____	_____

5. TOTAL NUMBER OF HOURS \_\_\_\_\_

6. Signature of contact person \_\_\_\_\_

7. Student Signature \_\_\_\_\_

8. Parent Signature \_\_\_\_\_