

Community Service Record
Immaculate Conception Cathedral School
Middle School

Student Name _____

Grade _____ Religion teacher _____

Person/group served _____

Location _____

Supervisor's name _____

Contact Information: (phone number or email address)

Date of service _____ Number of hours worked _____

Direct or Indirect Contact _____

Description of service _____

Supervisor's Name (please print) _____

Supervisor's Signature _____

Supervisor's Comments (Optional) _____

Why did you chose the particular community service activity? How do you relate to this group or organization or why did it appeal to you?

Did you see any results of your service?

Did you learn any lessons during your service?
