COMMUNITY SERVICE REPORT

Fill out form. Obtain signatures. Scan and email to: GriggsAdvisor@andrews.edu

***NOTE**: Minimum of 20 hours of community service per year of enrollment with Griggs is required. Make copies as needed*

Information:

Name: _____ ID Number: _____

Last *First* *M.I.*

Dates Served: _____ to _____ Total Hours of Service: _____

mm/dd/yy *mm/dd/yy*

Description:

Description of community service tasks performed:

Student Signature:

With my signature I verify that I have completed the community service as recorded above.

_____ _____

Signature of Student *Date*

Printed Student's Name

Supervisor Signature:

With my signature I verify this student has completed the community service as recorded above under my supervision.

_____ _____

Signature of Supervisor, Title *Printed Supervisor's Name* *Date*

_____ _____

Organization Name *Phone Number*

_____

Organization Address

GRIGGS INTERNATIONAL ACADEMY
Owned and Operated by Andrews University