

# PHS Community Service Documentation

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Year: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

- Students must make a copy of this form for their records.

Date of Service	Name of Organization	Activity or Task Performed	Time In	Time Out	Total Hours for Day	Contact Person's Name	Contact Person's Signature	Key Club ✓	NHS ✓	Other ✓

**Total Hours:** \_\_\_\_\_

\_\_\_\_\_  
Counselor/ NHS Supervisor/ Key Club Supervisor Signature

\_\_\_\_\_  
Date