

**Beaches Chapel School
Community Service Form**

Student's Name _____ Grade _____

Date(s) of Service _____

Title of Volunteer Service _____

Description (brief) of the volunteer service and what capacity did
volunteer service:

Organization sponsoring this activity or project _____

Supervisor of this activity or project _____

Total hours given to this activity or project _____

Immediate Supervisor's Signature and Title

Parent's Signature

Student Volunteer's Signature

COMPLETED FORM TURNED INTO SCHOOL COUNSELOR'S OFFICE.

610 Florida Boulevard, Neptune Beach, Florida 32266

(904)241-4211Fax (904)249-7540**

www.beacheschapelschool.com