



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.

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