

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)241-4211\*\*Fax (904)249-7540  
[www.beacheschapelschool.com](http://www.beacheschapelschool.com)