



# Northwest Early College HS

## Community Service Form

Name: \_\_\_\_\_

CISD ID#: \_\_\_\_\_

Event Name: \_\_\_\_\_

### Description of Service Groups Mission:

_____
_____
_____

### Description of Your Service:

_____
_____
_____

### Log of Your Community Service Hours for This Event

1	Date	Time In	Time Out

4	Date	Time In	Time Out

2	Date	Time In	Time Out

5	Date	Time In	Time Out

3	Date	Time In	Time Out

6	Date	Time In	Time Out

<b>Total Hours of Service for this Event</b>
_____

\_\_\_\_\_  
Signature, Service Group Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Submit Completed Form to School Counselor