

FOR OFFICE USE ONLY:

Received by:

Date received:

Y.E.S. PROGRAM Community Service Documentation Form



(Please write neatly)



NAME:

ID # (6 digit #):

Class of:

Student e-mail:

Date service performed:

Number of service hours:

Name of Non-Profit Agency/
Recipient in need:

**Before signing this form, please verify that the name, date, and number of hours worked have all been filled in.
If there are multiple dates, the student must attach the log, available on the AHSYES website.*

*Signature of Non-Profit Agency/Recipient in need:

Phone number of Agency/Recipient:

Email contact for Agency/Recipient:

Non-profit Website:

Street Address of Agency/Recipient
City, State, Zip Code:

Brief description of Community Service:
(what exactly did you do?)

Were you paid, rewarded or required to do this service?

Are you a member of the organization that benefitted from the service?

SIGNATURE OF STUDENT:

SIGNATURE OF PARENT/GUARDIAN:

PLEASE MAKE A COPY OF THIS FOR YOUR OWN RECORDS.

