

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: _____

Event Name: _____

Brief description of Community Service:
(What specifically 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: _____

