Community Service Documentation form

Student's Name: _____

Program: _____

Date of Community Service: _____

Name and Address of Community Service: _____

_____

_____

Start Time: _____ End Time: _____

Summary of Activities: (If needed, use back of form for more room)

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Signature of Event Supervisor Date

Taylor College
5190 SE 125th Street
Belleview, FL 34420
352-245-4119
Fax: 352-245-0276