

Abilene Christian School Community Service Monitoring Form

TAKE THIS FORM TO BE SIGNED WHEN YOU PERFORM COMMUNITY SERVICE
PLEASE REFER TO THE ACS HANDBOOK FOR COMMUNITY SERVICE GUIDELINES

NAME: _____

GRADUATION YEAR: _____

FOR WHOM DID YOU WORK: _____

DATE(S) YOU WORKED: _____

DESCRIPTION OF ACTIVITY: _____

TOTAL HOURS WORKED: _____

CHECK ONE:

Direct Service

Individual Service

Group Service: Organization: _____

Other: _____

Supervisor's Name (Print): _____

Supervisor's Signature: _____

Supervisor's Phone Number: _____

Note to supervisor: Please contact the High School Office at 672.9200 (ext. 20) with any comments, suggestions or concerns regarding your experience with the Abilene Christian School Community Service Program and/or its participants.

SERVANT LEADERSHIP

I pledge that the above information represents an accurate record of my community service work.

Raising Leaders to Change the World

Student Signature

Approved by (School Official)

FOR OFFICE USE ONLY

Service hours entered (date): _____

Entered by (Initials): _____

Service hours not approved: Reason: _____