HENRY M. GUNN HIGH SCHOOL

COMMUNITY SERVICE TRACKING FORM

(Please read NOTES at the bottom of this form, and on the back of the form)

| Last Name: | | First Name: | | | |
|----------------------------|--|----------------------------|------------|------------------------|--|
| Grade: Telephone number: | | | Counselor: | | |
| Parent/ Guardian name: | | Parent/Guardian signature: | | | |
| Date mmddyy | Activity | Place of Service | Hours | Supervisor's Signature | |
| Loertify | that the above information is accurate | e: | | | |
| | t signature: | | | | |
| Asst. Principal signature: | | | | | |
| NOTES: | | | | | |

- 1. Dates must include <u>range of days</u> if activity was more than one day. You <u>must</u> include the year. Hours must have been performed after completion of 8th grade.
- 2. Do not hand in this form unless you are a junior and have completed at least 100 hours.
- 3. Read the back of this form to be sure your hours are eligible. YOU MAY BE ASKED TO PROVIDE FURTHER VERIFICATION OF HOURS AND TYPE OF SERVICE.