

**GREEN CORD COMMUNITY SERVICE
DOCUMENTATION FORM**

**ALL HOURS DUE NO LATER
THAN APRIL 30, 2014**

Name _____ Grade: _____ Student #: _____

Email address: _____ Phone: _____

Organization Service was done with: _____

Description of Service: _____

Was service done in affiliation with CHS? Yes? No? If Yes, please explain: _____

Guidance Counselor Signature and date: _____

Only work/service hours allowed from non-profit organizations.

Donation of items/money is not accepted as hours.

GREEN CORD COMMUNITY SERVICE HOURS

How to document hours: Under the "service date" column, record each day that service was performed for the above organization in the format MM/DD/YY (ex. 10/16/12). For each day of work, list the number of service hours completed that day in the column "# of hours."

| Service date | # of hours served | Service date | # of hours served |
|--------------|-------------------|--------------|-------------------|
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| | | | |

SERVICE DIRECTOR/SPONSOR INFORMATION

Name: _____ Daytime Phone: _____

Email address: _____ Other Phone: _____

Signature: _____ Date: _____

By signing this document you are verifying that the information contained herein is complete and accurate.

Are you interested in posting service needs on a bulletin board at CHS? _____

Does your organization have other service needs? _____

Comments: _____

Return this document to the Green Cord Community Service Program Box inside Mrs. Andrews' room, 2-115.
If completed incorrectly, the committee will reject it.