



Fairfield Schools - USD 310 Community Service Timesheet

Step 1: To be filled out BY THE STUDENT.

Student	Grade	Type of Community Service
Date of volunteer event: Where you completed the community service: Task/Activity (describe briefly) HOURS COMPLETED: _____	<input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	<input type="checkbox"/> Animals <input type="checkbox"/> Arts & Culture <input type="checkbox"/> Community <input type="checkbox"/> Crisis Support <input type="checkbox"/> Disaster Relief <input type="checkbox"/> Education <input type="checkbox"/> Environment <input type="checkbox"/> Faith Based <input type="checkbox"/> Health/Medicine <input type="checkbox"/> Homeless/Housing <input type="checkbox"/> Veterans & Military <input type="checkbox"/> Other

Step 2: To be filled out BY THE PERSON SUPERVISING YOU at the agency where you volunteered.

NOTE: A relative CANNOT sign this sheet as a supervisor!

Supervisor Information	Supervisor Certification
Supervisor Name: _____ Supervisor Title: _____ Supervisor Phone Number: _____ Supervisor email: _____	I certify that _____ completed _____ hours <div style="text-align: center;"> (student name) (# of hours) </div> on _____ at _____ <div style="text-align: center;"> (date) (location) </div> Supervisor Signature: _____

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