

**Community Service Form
Gateway College Preparatory School**

Student Name:

Graduating Class of:

Service Details:

Agency/Organization: _____

Contact Name: _____

Address: _____

Phone Number: _____

Date of Service: _____

Total Hours Served:

Description of volunteer job(s) performed:

By signing below, I certify the duties were performed on the date above and that my organization has an insurance certificate on file:

Signature: _____ Date: _____

****THIS FORM MUST BE SUBMITTED TO RECEIVE CREDIT TOWARD THE SERVICE LEARNING REQUIREMENT. NO OTHER FORMS WILL BE ACCEPTED. IF YOU EARN SERVICE HOURS THROUGH OTHER ORGANIZATIONS (i.e. AVID, NHS), YOU MAY STAPLE YOUR LOG TO THIS FORM BEFORE SUBMITTING TO AVOID OBTAINING DUPLICATE SIGNATURES.**