



Foundations of East Chicago Community Service Completion Form

To be used to receive credit from community service organizations/clubs/teams. Please fill out one form per each organization/club/team that received your community service.

Date: _____

Student Name: _____ GRADE: _____

Name of Organization/Agency: _____

Name of Supervisor: _____

Address of Organization/Agency: _____

Phone Number of Organization/Agency: _____

E-mail of Organization/Agency Contact: _____

Brief description of community service performed:

Number of Hours performed: _____

Signature of Supervisor/Advisor/Coach _____

For FEC Use Only:

Coordinator Approved: _____ Date: _____