



Y. E. S. PROGRAM

Community Service Documentation Form

(Please write neatly)

Name: _____ ID# (6 digit number): _____

Class of: _____ Phone: _____

Date service performed: _____ Number of hours of service: _____

Name of Non-Profit Agency/Recipient in need: _____

**Before signing this form, please consider the criteria for service.*

- It must serve others.
- It must be over and beyond what is required of the student.
- It must impact an individual or individuals in need.
- It must not be for personal reward or monetary gain.

*Non-Profit Agency/Recipient in need Signature: _____

Area Code/Phone No. of Agency/Recipient: _____

Street Address of Agency/Recipient: _____

(cont. Address) City, State, Zip Code: _____

Brief description of Community Service (what exactly did you do):

Were you paid, rewarded or required to do this service? _____

SIGNATURE OF STUDENT: _____

SIGNATURE OF PARENT/GUARDIAN: _____

PLEASE MAKE OF A COPY OF THIS FOR YOUR OWN RECORDS