



St. Charles Catholic School
929 18th Street
San Diego, CA 92154
(619) 423-3701

Community Service Form

Student Name _____

Name of location where service hours were completed.

Name of Organization _____

Address _____

City _____ State _____

Phone _____ Email _____

Hours student completed _____

Please provide a description of the duties completed by the student. This should be completed by the adult who supervised the community service.

Supervisor Signature _____ Date _____

Parent Signature _____ Date _____

Student Signature _____ Date _____