

Boulder Country Day Middle School

Community Service Record

Name_____ Date_____

Number of hours completed in this activity_____ Date Completed_____

Where did you complete these hours?_____

Organization Address_____

Organization Phone Number:_____

Organization's contact person_____

Briefly describe your community service activity:_____

Briefly describe what you learned from this experience:

I verify that this student completed the duties described above and in the number of hours stated above:

Contact Person's Signature