



PACIFIC CREST INNOVATION ACADEMY

COMMUNITY SERVICE & VOLUNTEER HOURS

Name: _____ Grade: _____

Name of Organization/Agency: _____

Name of Supervisor: _____ Phone: _____

Email Address: _____

Date of Community Service/Volunteer Hours: _____

Time in: _____ Time out: _____ Total Hours: _____

Description of the task(s) performed : _____

How did this experience prepare you for college and/or your future career (consider skills gained, lessons learned, etc.): _____

By signing below, I confirm that _____ completed the community service activity(ies) and hours listed above.

Signature of Supervisor

Date