

**OCEANSIDE HIGH SCHOOL**

**COMMUNITY SERVICE REQUIREMENT**

**COMMUNITY SERVICE DESCRIPTION FORM TO BE COMPLETED BY STUDENT**

Student's Name: \_\_\_\_\_

Student's Advisor's Name: \_\_\_\_\_

Nonprofit Organization for whom the service will be provided:

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Brief description of service to be provided:

Location where service is to be provided: \_\_\_\_\_

Date(s) when the service will be performed: \_\_\_\_\_

Expected time to complete project(hours): \_\_\_\_\_

Approvals(signature)

Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Asst. Principl: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

(OVER)

**TIME LOG**

Date	Hours	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach another sheet if necessary.

What did you gain from this community experience?

What did you like about this community service experience?

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To be completed by Contact Person

I \_\_\_\_\_ wish to validate \_\_\_\_\_ has  
(recipient) (student)

satisfactorily completed \_\_\_\_\_ hours of community service on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Please share with us the positive and/or negative aspects of this particular student and their service to you.

**NOTE: Students are to submit this completed form to their Advisor.**