St. Andrew's Episcopal School

Community Service Report Form

Student's name:_____

Name of non-profit organization:_____
Community service credit can not be given for work done for profit-making organizations.

List types of service performed and the number of hours for each.
Please specify whether these hours are "behind the scenes" (BTS) hours or "face to face" (FTF) hours. (Face to face hours must involve working directly with a person who needs your help. ***You must also log your hours on the Presidential Service Awards Website (www.presidentialserviceawards.gov).***

Service performed	**Date of Service**	**BTS**	**FTF**
	Total hours for each type:		

I certify that the above-named student completed the hours listed.

Supervisor's name: (may not be parent of student):_____

Title: _____ Phone: _____

Signature_____

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