

NEEDHAM B. BROUGHTON HIGH SCHOOL STUDENT COMMUNITY SERVICE FORM



Name:	ID#
Grade: Caps Class _	
Number of Service Hours:	Date Performed: (include break down of hours each date)
Project Description:	
(use back of form if needed)	THE VOID STATES
READ Hours earned in the summer mont	
Hours earned during the school	ths MUST be turned in by the End of the 1 st quarter of the school year. If year MUST be turned in no later than ONE month After completion. If year Must be turned in no later than ONE month After completion. If year Must be turned in by the End of the 1 st quarter of the school year.
Name of Non-Profit 501C3 Organization	
Contact Person to Verify:(Cannot be a relative)	Phone #:
• / /	will be given until verification has been completed. OFFICE USE ONLY
Date Service Recorded:	By:
Name:	COMMUNITY SERVICE FORM ID#
1141161	
Grade: Caps Class	
Number of Service Hours:	Date Performed:
	(include break down of hours each date)
Project Description: (use back of form if needed)	
Hours earned during the school	ths MUST be turned in by the End of the 1 st quarter of the school year. If year MUST be turned in no later than ONE month After completion . If March - Check agenda for date. All other hours Due May 1 .
Name of Non-Profit 501C3 Organization	
Contact Person to Verify:(Cannot be a relative)	
	Phone #:
Note: No credit for community service	Phone #:e will be given until verification has been completed.
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