TRINITY COLLEGIATE SCHOOL
SCHOOL & COMMUNITY SERVICE RECORD
(Bonafide non-profit organization)

Name of Student: _____

Grade: _____

Check the appropriate service: School Service _____

Community Service _____

_____

Name of organization or agency giving the service hours: _____

_____

Address: _____

Telephone: _____

Dates & times worked: _____

_____

Total Number of hours worked: _____

Nature of work: _____

_____

Name and title of supervisor: _____

_____

Supervisors Signature: _____ Date: _____