

Carmel Middle School

Community Service Hours

Student Name: _____ Grade: _____

Non-Profit Organization: _____

Description of service performed: _____

Supervisor's Name: _____ Contact Number: _____
(Must be someone other than a parent or guardian)

By signing below, the supervisor is verifying that the student completed, without payment, work directly benefiting a non-profit organization and that the hours were not required for probation and are the actual hours of the service performed.

Date	Time In	Time Out	Hours	Signature of Supervisor

By signing below, I agree that I have completed the task above, and that all of the information reported on this form is correct.

Student Signature: _____ Date: _____

Community Service Contract

1. Community Service work performed by students **must be for a non-profit organization**, such as a school, hospital, nursing home, community center or charitable organization.
2. Students are expected to follow the rules and regulations that govern conduct at Carmel Middle School while participating in community service work while upholding the principle and philosophy of **service** to the community.
3. Student must provide their own transportation for community service projects.
4. Neither the Carmel Unified School District, its officers, employees, agents, nor the supervisor shall be responsible or in any way liable for the conduct of the student at any time when such student is not on school property.