### 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.

<table>
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<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Hours</th>
<th>Signature of Supervisor</th>
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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.