

Student _____

Grade _____

**COMMUNITY SERVICE PROGRAM FORM
NOVATO HIGH SCHOOL**

Date (mo/day/yr)	Project (Be specific)	Hours	Supervisor's Name
	Activity: Agency:		Print: Signature: Phone:
	Activity: Agency:		Print: Signature: Phone:
	Activity: Agency:		Print: Signature: Phone:
	Activity: Agency:		Print: Signature: Phone:
	Activity: Agency:		Print: Signature: Phone:

Note: Please turn in completed form to the College and Career Resource Center.

Student _____

Grade _____

**COMMUNITY SERVICE PROGRAM FORM
NOVATO HIGH SCHOOL**

Date (mo/day/yr)	Project (Be specific)	Hours	Supervisor's Name
	Activity: Agency:		Print: Signature: Phone:
	Activity: Agency:		Print: Signature: Phone:
	Activity: Agency:		Print: Signature: Phone:
	Activity: Agency:		Print: Signature: Phone:
	Activity: Agency:		Print: Signature: Phone:

Note: Please turn in completed form to the College and Career Resource Center.