

**Saint's Community Connections
Interlake High School PTSA**

Community Service Record

Name: _____
ID #: _____
e-mail: _____



Class of: _____
Phone #: _____
Date Submitted: _____

Place of Service: _____ Total Hours: _____

Address: _____

Event Description: _____

Date(s) of Service: _____

Supervisor's Signature: _____ Print Name: _____
(or attach copy of authorized record of service)

Position: _____ Supervisor's Phone: _____

Comments: _____

Distribution: White-Counseling Center SCC Box or SCC rep. **Yellow (or Copy)-Student**

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