



Off Campus Community Service/ Work Experience

Today's Date: _____

Student Name: _____ Grade: _____

Date of Service: _____

Community Service

Work Experience

Description of Activity: _____

Total Hours of Service: _____

Organization: _____ Telephone: _____

Supervisor Name: _____

Supervisor Signature: _____

For Office Use ONLY:

Pleasant Hill Adventist Academy
Preschool-12 Christian Education