



Leadership Academy Community Service Hours Form

Name _____

Grade: _____

TOTAL NUMBER OF HOURS: _____

All boxes and items in the form must be completed, and the signed paper must be turned to Ms. Amighi in Room 112 in the Middle School Building.

I certify that all the information required is honest and accurate.

Student Signature: _____

Parent Signature: _____

Organization Name: _____

Description of Activity	Focus Area (Circle One)	Dates and Time of Service	Contact Name, Title, Email, and Phone Number
	SCHOOL		
	COMMUNITY		
	NATION		
	GLOBAL		
		Total of Hours	

Organization Contact: I certify that this student performed his/her duties during these hours.

Supervisor's Signature: _____