

Oakwood Christian Academy Community Service Form

Student Name _____ Grade _____

Community Service requires students to go outside their usual daily contacts and serve their community. PLEASE see the OCA Parent/Student Handbook for detailed description of the Community Service Hour Policy.

Description of Service -

Date(s) service was completed - _____ # of hours served _____

Organization/ Provider for the service _____

Location _____

Contact person _____ Phone # _____

*As the supervisor/ provider of this community service opportunity, I confirm that the above-named student completed _____ hours in community service and was NOT compensated for this service.

SIGNATURE _____ **Date** _____

Description of Experience -

1. Briefly describe the work you did.

2. Briefly describe how this work impacted **others**.

3. Briefly describe how this experience impacted **you**.

FOR OFFICE USE ONLY

Date Received: _____ Principal Verification: _____ Date Entered in FACTS: _____ By: _____