

Riverside Christian Academy
Community Service Form

Student Name _____ Grade _____

Information on the place of service:

Name of Organization _____

City _____

Describe the project or program

Dates of Service	Type of Volunteer Activity	Hours worked

I confirm that I have performed the above Community Service Hours which will be counted toward 20 hours minimum requirement that must be completed prior to the end of the current school year.

Student Signature _____ Date

I confirm that this student has performed the above hours of volunteer community service.

Agency/Organization Representative _____ Date

For RCA Administrative Office Use Only		
Date Received	Approved by:	Logged to Renweb