



Greater New York Academy

of Seventh-day Adventists

41-32 58th Street

Woodside, NY 11377

Tel: (718)639-1752 Fax: (718)639-8992

COMMUNITY SERVICE FORM

Student Name _____ Grade _____

Service Activity _____ Circle: Community Church/School

Name of Organization _____ Phone # _____

Date of Activity _____ Hours _____ Minutes _____

As stated in our Student Handbook and as a requirement for graduation, all students must complete a minimum of 20 hours of community service each year of attendance.

Description of Activity:

Describe the Activity and Responsibility (Include place and time) _____

Your response to your service: (How did you feel about the activity? Use back of sheet if necessary.) _____

Please sign below:

My signature indicates that I did the above community service as described without receiving any payment.

Signature of Student

To the supervisor:

Thank you for allowing our student to assist you. We hope their assistance was beneficial to your project or organization.

Please read and sign below:

I attest that the above service was:

1. Supervised by me.
2. Voluntary with no payment or grade received.
3. Not done on behalf of the immediate family or relative.
4. Performed the indicated number of hours.

Comments _____

PLEASE PRINT Name of non-parent Supervisor _____

Phone # _____

For Office Use Only:
Approved Hours

Signature of non-parent supervisor _____