

Community Service Record
Santa Barbara Middle School

9TH GRADE STUDENT INFORMATION

Print Name: _____

Signature: _____ Phone #: _____

Email: _____ Expected HS Grad Year: _____

TRACK AND OBTAIN SIGNATURES FOR COMMUNITY SERVICE HOURS DURING YOUR 9TH GRADE YEAR. TOTAL SERVICE HOURS FOR ALL NON-PROFIT HOURS RECORDED ON THIS FOR FORM. **TURN THIS FORM INTO THE HIGH SCHOOL COUNSELING OFFICE AT THE END OF YOUR 9TH GRADE SCHOOL YEAR.** RETAIN A COPY OF THIS AT HOME FOR YOUR OWN RECORD.

(Note for SBMS Service Hours: Kelly Rosenheim can sign off for Career Study/ com Service Week, Jesse Kasehagen for Bike Monkey hours, Sue Carmody / Lilli Doner for other SBMS Service hours.)

SCHOOL YEAR START DATE: ___/___/___ END DATE: ___/___/___

NON-PROFIT INFORMATION

Non-Profit Organization to receive service:

(A) _____

Non-Profit Phone # and website: _____

Brief description of service to be performed:

Signed pre-approval of SBMS ADMINISTRATION: _____

COMPLETED AMOUNT OF HOURS FOR NON-PROFIT AGENCY (A) _____

START DATE: ___/___/___ END DATE: ___/___/___

Non-Profit Supervisor:

Print Name _____ Title: _____

Signature: _____

Non-Profit Organization to receive service:

(B) _____

Non-Profit Phone # and website: _____

Brief description of service to be performed:

Signed pre-approval of SBMS ADMINISTRATION: _____

COMPLETED AMOUNT OF HOURS FOR NON-PROFIT AGENCY (B) _____

START DATE: ___/___/___ END DATE:___/___/___

Non-Profit Supervisor:

Print Name _____ Title: _____

Signature: _____

Non-Profit Organization to receive service:

(C) _____

Non-Profit Phone # and website: _____

Brief description of service to be performed:

Signed pre-approval of SBMS ADMINISTRATION: _____

COMPLETED AMOUNT OF HOURS FOR NON-PROFIT AGENCY (C) _____

START DATE: ___/___/___ END DATE:___/___/___

Non-Profit Supervisor:

Print Name _____ Title: _____

Signature: _____

Non-Profit Organization to receive service:

(D) _____

Non-Profit Phone # and website: _____

Brief description of service to be performed:

Signed pre-approval of SBMS ADMINISTRATION: _____

COMPLETED AMOUNT OF HOURS FOR NON-PROFIT AGENCY (D) _____

START DATE: ___/___/___ END DATE: ___/___/___

Non-Profit Supervisor:

Print Name _____ Title: _____

Signature: _____

TOTAL COMMUNITY SERVICE HOURS FOR SCHOOL YEAR _____

(A+B+C+D = TOTAL)

STUDENT SIGNATURE _____