



**ST. CHARLES COLLEGE**

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**COMMUNITY SERVICE HOURS REPORT**

Student: \_\_\_\_\_

Event: \_\_\_\_\_  
(Name)

Co-ordinator: \_\_\_\_\_  
(Teacher/Supervisor)

This is to certify that \_\_\_\_\_ has completed \_\_\_\_\_ hours of  
(Student Name)  
community service on \_\_\_\_\_  
(dates)

Thank you for your participation in this event. Your hours will be entered into your Community Service Hours tracking form.

Student Signature: \_\_\_\_\_

Co-ordinator's Signature: \_\_\_\_\_

Please print name \_\_\_\_\_ and state position in the organization:  
(Co-ordinator)

\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

**Description of Community Service Hours (Duties)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submission reviewed by Homeroom Teacher: \_\_\_\_\_  
(Teacher's Signature)