



## COMMUNITY SERVICE FORM

Student Name: \_\_\_\_\_ Class: PM    FR    SO                      Program of Study \_\_\_\_\_  
 Student Phone Number with Area Code: \_\_\_\_\_

Date	Agency Name	Type of Work Completed	Supervisor Name Phone Number & Email (Print Clearly)	Hours Completed	Best Time to Call (for verbal verification)
			Name: Phone: Email:		
			Name: Phone: Email:		
			Name: Phone: Email:		
			Name: Phone: Email:		

**Thaddeus Stevens Grant Requirements:**

Complete 10 hours of service per semester. Hours do not carry over to the next semester  
 Volunteer work **must** be completed at a nonprofit organization  
 Submit complete form to Ms. Valdijah Brown, TSCT on Orange

**COMMUNITY SERVICE OFFICE USE ONLY**

Date Received \_\_\_\_\_

Partial Hours \_\_\_\_ Complete Hours \_\_\_\_

Confirmation Email Date: \_\_\_\_\_