

**Christian Life Academy
Community Service Form**

Student Name _____

Quarter _____ **Year** _____

Students: Complete the chart below, fully detailing all areas and have the employee/supervisor/pastor sign once your hours are completed.

*Time may be recorded in 0.5 time increments (0.5=30min)

Date	Time (hrs)	Location	Activity	Signature
8/15/19	2 hours	Christian Life Academy	Cleaning classrooms, pulling weeds	<i>Mrs. Stribling</i>

TOTAL HOURS _____