



**UNIFIED SOCCER**



**TOPSoccer  
BATON ROUGE SC**

**Community Service Form**

Grade Level: \_\_\_9\_\_\_ \_\_\_10\_\_\_ \_\_\_11\_\_\_ \_\_\_12\_\_\_ Graduation Year: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

**COMMUNITY SERVICE ACTIVITY INFORMATION**

*(Please Print)*

**ORGANIZATION/SPONSOR:** \_\_\_\_\_

**DATE OF PROJECT:** \_\_\_\_\_

**DESCRIPTION OF COMMUNITY SERVICE ACTIVITY:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL NUMBER OF PROJECT HOURS COMPLETED:** \_\_\_\_\_

**ORGANIZATION SUPERVISOR'S AGREEMENT:** I verify that the above student has successfully completed the community service project as stated above and has acquired \_\_\_ number of hours.

\_\_\_\_\_  
*Supervisor's Name (Printed) and Signature*

\_\_\_\_\_  
*Supervisor's Phone Number (Contact Number)*

\_\_\_\_\_  
*Supervisor's e-mail address*

**PARENT AGREEMENT:** I certify that my son/daughter has completed the community service project as outlined above.

\_\_\_\_\_  
*Parent's/Legal Guardian's Name (Printed) and Signature*

**STUDENT AGREEMENT:** I have successfully completed this community service project as stated above. I have acquired the number of hours indicated and I understand that these hours for community service are being considered as part of my graduation requirement.

\_\_\_\_\_  
*Student's Name (Printed) and Signature*

**For office use only:**

Date received: \_\_\_\_\_ Date hours recorded: \_\_\_\_\_ Initials: \_\_\_\_\_