



**FAITH CHRISTIAN ACADEMY**  
**COMMUNITY SERVICE REPORTING FORM**

The form is to be completed by the person responsible for overseeing the community service. In order to qualify for community service, the student may not receive compensation (monetary or otherwise) for their time.

This is to verify that \_\_\_\_\_ has completed \_\_\_\_\_  
hours of community service in the capacity of \_\_\_\_\_

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

on the following date(s):

\_\_\_\_\_

Supervisor Name (printed): \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_