



TROY PTSA STUDENT LEADERSHIP
COMMUNITY SERVICE FORM



Student's Name _____

Student's Grade _____

Organization Information:

Name of Organization _____

Address _____

City _____

Contact Person _____

Phone Number _____

Project Name _____

Date(s) of Project _____ # of Hours _____

Description of Service _____

Project Director's Signature _____

Organization _____

I verify that I have completed the above documented service and follow all guidelines.

Advisor Signature _____ Date _____

Board Recognition _____ Date _____

****Community Service Sheets must be turned in within 3 months of project**