

Service Cord Review
Committee use only:
Approved By:

Approved Date:

Cuero High School

Service Cord Record Form

Please clearly print ALL requested information and complete ALL blanks to ensure credit for your hours. Service forms that are not legible will NOT be considered for service and will NOT be returned to the student.

You are responsible for making your personal copy of this record prior to turning it in.

Student _____ Library ID# _____ Grade _____

Date of Service: _____ Time Service: Began _____ Ended _____ Total Hours: _____

Please note: If service is performed over multiple dates/times, both pages of this form must be completed and turned in due to the required signatures on the first page (below) and specific dates/explanations on the second page.

Non-Profit Organization for which the service was performed:

Name: _____ Location: _____

Detailed description of the service performed (include all duties, who benefited from the service, why service was necessary, and whether or not you are a member of the organization; attach an extra sheet if necessary):

I acknowledge that I have completed the service described above.

Student's signature: _____

I acknowledge that the student named above has completed the service described while under my direction.

Signature of Adult Non Guardian Supervisor

Printed Name of Adult Non Guardian Supervisor

Phone: _____

Position/Title: _____

** Due to the signature section above, this side of the form must also be completed, attached, and turned in even if the service was completed over multiple days.