

**Allendale Academy**  
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**Student Name** \_\_\_\_\_

Community Services Hours

Place or Non-profit Organization \_\_\_\_\_

Type of work done \_\_\_\_\_

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

Total Hours \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

\*This form may be copied for additional places of service