



CONCORD ACADEMY

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COMMUNITY SERVICE HOURS FORM

Date: _____ (must be turned in the same quarter completed)

Student: _____

Organization/Site: _____

Tasks completed: _____

Hours worked: _____

Supervisor Name (please print): _____

Title: _____

Supervisor comments: _____

Supervisor signature: _____

Thank you for allowing a Concord Academy student to serve with you!

White copy to Concord, Yellow copy for student