

# GREEN CORD COMMUNITY SERVICE DOCUMENTATION FORM

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Service Date	Number of Hours

Organization service was done with: \_\_\_\_\_

Description of service (please be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was service done in affiliation with SHS (leadership, NHS, Natural Helpers, etc)? YES NO

### Service Director/Sponsor Information

*By signing this document, you verify the information contained here is complete and accurate.*

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

*Return this documentation form to the Green Cord Community Service basket in the counseling office. Form must be received within 2 weeks of completed service. All hours due no later than **May 15, 2015 at 4PM.***

# GREEN CORD COMMUNITY SERVICE DOCUMENTATION FORM

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Service Date	Number of Hours

Organization service was done with: \_\_\_\_\_

Description of service (please be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was service done in affiliation with SHS (leadership, NHS, Natural Helpers, etc)? YES NO

### Service Director/Sponsor Information

*By signing this document, you verify the information contained here is complete and accurate.*

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

*Return this documentation form to the Green Cord Community Service basket in the counseling office. Form must be received within 2 weeks of completed service. All hours due no later than **May 15, 2015 at 4PM.***