

University Academy Community Service Program

All information is to be filled out by the student. Form is invalid without site supervisor's signature. Hours are invalid if done for pay or if site supervisor is direct relation to the student. Service must be for a non-profit organization unless pre-approved.

Return completed form to Mrs. Akey, Upper School office, 816.412.5946, Fax 816-410-0052
akeyd@universityacademy.org

Student's Name: _____
Grade: _____
Dates Volunteered: _____
Hours Completed _____

Agency/organization: _____
Nature of the work performed: _____

Supervisor: _____
Supervisor's phone: _____
Supervisor's signature: _____
Comments: _____

Student's Reaction/Feedback or other important information: _____

FOR OFFICE USE:
Date Logged _____ by: _____