

PIZITZ MIDDLE SCHOOL COMMUNITY SERVICE

Name _____

Date _____

Grade _____

Date	Start Time/ Finish Time	Total Hours Worked	Location or Agency	Type Work Performed	Signature of Supervisor

Student Signature: I certify that I performed these hours of service as a benefit to people in my community, and I did not receive pay or valuable consideration for this service.

 X _____

Parent/Legal Guardian Signature: I certify that my child has performed these hours of community service and did not receive pay for this service.

 X _____