



Forest Lake Academy



Student Volunteer Service Program

Student Service Form



Name: _____ Grade: _____
(Please Print)

Number of Service Hours: _____ Date(s) Performed: _____

Project Description: _____

Name of Organization: _____

Contact Person to Verify: _____ Phone # _____

(Can not be a relative)

NOTE: No credit for community service will be given until verification has been completed.



Additional Information: