



Forest Lake Academy



Student Volunteer Service Program

Student Service Form

Name: _____

Grade: _____
(Please Print)

Number of Service Hours: _____ Date(s) Performed: _____
Month, Day(s), Year

Project Description: _____

Name of Organization: _____

Contact Person: _____
Please print name legibly Phone #

Relationship: _____ *(He/she cannot be a relative.)*

Contact Person's Signature: _____
Required Date

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

Additional Information: