

Southland Academy

PO Box 1127
Americus, GA 31709
(229) 924-4406

Community Service Hours

To Be Completed by Student:

Student Name: _____ Grade: _____

Location of Service: _____

Description of Service: _____

Date	Begin Time – End Time	Total Hours

To Be Completed by Supervisor:

Supervisor Name: _____

Agency Name: _____ Phone Number: _____

Comments: _____

Supervisor Signature

Date

I verify that I have fully served the hours listed.

Student Signature

Date