

Date turned in: _____

Victory Christian Academy

Community Service Monitoring Sheet

TAKE THIS FORM TO BE SIGNED WHEN YOU PERFORM COMMUNITY SERVICE.
TURN IT IN TO **MRS. WILLIAMS** AFTER COMMUNITY SERVICE IS COMPLETE.

NAME: _____ GRADUATION YEAR: _____

FOR WHOM DID YOU WORK: _____

DATE(S) YOU WORKED: _____

BRIEF DESCRIPTION OF ACTIVITY: _____

TOTAL HOURS WORKED: _____
(entered by supervisor)

CHECK ONE: ☐ INDIVIDUAL SERVICE

☐ GROUP SERVICE: ORGANIZATION: _____

Supervisor's Name (Print): _____

Supervisor's Signature: _____

Note to supervisor: Please contact Mrs. Williams at 940.626.4730 if you have any comments, suggestions or concerns regarding your experience with the Victory Christian Academy Community Service program and/or its participants. We thank you for allowing our students to serve your organization!

Student statement: I pledge that the above information represents an accurate record of my community service work.

Student Signature

Date

FOR HIGH SCHOOL OFFICE USE ONLY

☐ APPROVED BY: _____ DATE: _____

☐ NOT APPROVED-REASON: _____

JULY. 2026