COMMUNITY SERVICE HOUR FORM

OSWEGO	Student ID
HIGH SCHOOL	Year of Graduation
	has completed
(Student Name)
Hours of Community Service	atfc
	(Location)
(Describe Work)	
Date(s) of Service:	
	Signature of Site Supervisor
Comments:	Print Name of Site Supervisor
	Telephone Number Date
OSWEGO HIGH SCHOOL	Student IDYear of Graduation
	has completed
(Student Nam Hours of Community Service	•
	(Location)
(Describe Work)	·
Date(s) of Service:	
	Signature of Site Supervisor
Comments:	Print Name of Site Supervisor
±	Telephone Number Date