

Inglewood Junior School  
Leadership Community Service Documentation

This letter authorizes that the below named student performed the described community service. Student may fill out top portion, however, bottom portion must be fill out by supervising adult.

Student Name: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Organization/  
Group Served: \_\_\_\_\_

Work performed: \_\_\_\_\_  
\_\_\_\_\_

Service Date: \_\_\_\_\_

Service Time: \_\_\_\_\_

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Total Volunteer Hours Performed: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature