

Community Service Completion Form

To be used to receive credit for community service from a Volunteer Fire Department

Please fill out one form per each Fire Department that received your community service.

Date: _____ Student Name _____

Name of Organization/Agency: _____

Name of Supervisor: _____

Address of Organization/Agency: _____

Phone Number of Organization/Agency: _____

E-mail of Organization/Agency Contact: _____

Brief Description of community service performed:

Number of Hours performed: _____

Signature of Fire Chief _____