



college forward

College Forward Service Hour Documentation Form

Documentation form must be filled out completely and returned to your Coach.

Student Name: *first* _____ *last* _____

School Name: _____ Coach: _____

Name of organization where you performed service: _____

Date(s) of service: *from* _____ *to* _____

Total # of hours for activity: _____

Describe your work: What did you do? _____

Whom did you serve? (The service cannot be service to yourself or your family, or one that primarily benefits the members of an organization: no fundraising!)

What community need did your service meet? Check one or more!

- Fighting Poverty
- Community or Societal
- Educational
- Environmental
- Health
- Other (please explain) _____

I verify that the information on this form is correct _____

(Student signature)

Signature of Agency Supervisor _____ Date _____

Print Supervisor's name _____ Phone # _____

Signature of Coach _____

[Staff Only] Date Entered Into System _____