

Community Service Activity Form



V·I·S·I·O·N
COLLEGEBOUND

Chandler Education Foundation

1525 W. Frye Road, Chandler, AZ 85224
(480) 224-3030 office (480) 224-9025 fax
www.ChandlerEdFoundation.org
chandlereducationfoundation@chandler.k12.az.us

Dear VISION:CollegeBound SCHOLAR:

Thank you for giving to your community! Service Learning is an important aspect of your education and we hope you will make it part of a life-long commitment as well. One of the requirements of the VISION:CollegeBound SCHOLARS Program is the completion of **100** community service hours after your enrollment in the program.

When you have completed your community service activity, fill out the information below, have your supervisor sign it, and **return the form directly to the Chandler Education Foundation** to be verified and placed in your VCB file. Remember to make a copy of your hours for your own record and portfolio.

Documentation of your completed community service hours must be submitted or postmarked **no later than April 1st of your graduation year**. The Chandler Education Foundation and high school counselors are not responsible for documentation that is lost or does not meet the submission deadline.

The following are suggested locations for community service:

- Church
 - Animal shelter
 - Community club or organization
 - Library
 - Tutoring (contact VCB counselor)
 - Hospital
 - Chandler Youth Commission
 - Homeless shelter
 - Food or clothing bank
 - Chandler Education Foundation
 - YMCA
 - Boys & Girls Club
 - ICAN
 - **Chandler Non-Profit Coalition** (www.ChandlerNonprofits.org)
 - CUSD Art Masterpiece Program
 - CUSD Special Education Tutoring
 - CUSD Special Education Assistance
- NOTE: Babysitting for siblings, chores, and yardwork at home are not considered community service.*

Return this form **directly to:**
The Chandler Education Foundation
1525 W. Frye Rd., Chandler, AZ 85224



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Student Name _____ Graduation Year _____ Student ID# _____

Date and hours of participation per day: _____ / _____ / _____ Number of hours per day: _____
(Please specify date (month/day/year) and number of hours completed per day. You may use the back of the form or attach a log if necessary to list all dates and hours.)

Name of Organization where activity was performed _____

Address/City/State of activity _____

Brief description of service (This section must be complete and define the community-related activity in order to be accepted):

I certify that this student participated in the above community service activity under my supervision.

Supervisor Name: (please print) _____ Organization/Contact # _____

Supervisor's signature: _____ Telephone # _____ Date: _____
(Parent/Guardian Signatures are not accepted)

MAKE A COPY FOR YOUR RECORDS AND PORTFOLIO