MENDON COMMUNITY SCHOOLS
Community Service Form

Student Name: _____ Graduation Year: _____

Name of Organization: _____

Service Performed: _____

Date of Service: _____ Time of Service (Hours): _____

Supervisor Name: _____

Supervisor Number: _____

_____ _____
Signature of Supervisor Signature of Student

_____ _____
Date Date

Return completed and signed form to:

Mendon Community Schools
Attention: Guidance Office
148 Kirby Road
Mendon, MI 49072