

Coe-Brown Northwood Academy Certification of Community Service Hours

REQUIRED PRE-APPROVAL

Student Name: _____ ID Number: _____

Community Service Description (*Must benefit a non-profit organization/group*): _____

Planned Date(s): _____ Location: _____

Name of Non-Profit Group/Organization: _____

Who will be organizing & confirming your Community Service hours?

(Note: they cannot be a family member): _____

PRE-APPROVED BY: _____ **DATE:** _____
(CBNA faculty/staff member)

SUPERVISOR / ORGANIZER CERTIFICATION

Please state total non-school hours this student has been actively involved in community service with your organization (Use words, ex: "ten"): _____

Please describe the student's role and most outstanding contribution:

CERTIFIED BY:

Name

Title

Organization

Date

**** The back of this page must be completed by the student ****

