



## Chesapeake Bay Governor's School Community Service Record

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Student's Name: \_\_\_\_\_ Graduation year: \_\_\_\_\_

Site (circle one):      Glenns                      Warsaw                      Bowling Green

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**a) Brief Description of Service:**                      Date of Service: \_\_\_\_\_ Hours: \_\_\_\_\_

<i>Office use only</i>	
Environmental	Other
Date entered: _____	
Approved By (faculty): _____	

Sponsoring organization: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

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**b) Brief Description of Service:**                      Date of Service: \_\_\_\_\_ Hours: \_\_\_\_\_

<i>Office use only</i>	
Environmental	Other
Date entered: _____	
Approved By (faculty): _____	

Sponsoring organization: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_