

**Cherry Valley-Springfield Central School**  
**597 County Highway 54**  
**P.O. Box 485**  
**Cherry Valley, NY 13320**

**Record of Community Service Activity**

Name of Activity: \_\_\_\_\_

This form is to notify the Cherry Valley-Springfield Central School

that \_\_\_\_\_ performed \_\_\_\_\_ hours of community  
Student Name # of hours

service on \_\_\_\_/\_\_\_\_/\_\_\_\_ for \_\_\_\_\_  
Date Organization Name

If multiple dates with the same organization, please list individually:

Date: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Supervisor Initials: \_\_\_\_\_

Date: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Supervisor Initials: \_\_\_\_\_

Date: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Supervisor Initials: \_\_\_\_\_

Date: \_\_\_\_\_ # of Hours: \_\_\_\_\_ Supervisor Initials: \_\_\_\_\_

Brief summary of service provided (to be completed by the student): \_\_\_\_\_

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I certify that the information contained in this document is true, accurate and complete.

Supervisor Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_

<b><u>For Counseling Office Use Only</u></b>
Date Received: _____