

**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

Brief summary of service provided: _____

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

Organization Leader: _____ **Student Signature:** _____

Signature: _____

Title: _____

Contact Number: _____

For Counseling Office Use Only

Date Received: _____