



Community Service Form

Student Name: _____

Name of Organization: _____

Organization Phone #: _____

Organization Address: _____

Name of Supervisor: _____

Supervisor Email: _____

Dates and hours served (xx/xx/xxxx): _____

Total Hours: _____

Description of community service event and how you assisted: _____

Supervisor's Agreement: I verify that the above Oceanside Collegiate Academy student has successfully completed the Community Service or Internship as stated above.

Supervisor Signature: _____ **Date:** _____

OCA Coordinator Signature: _____ **Date received:** _____