## ECHS COMMUNITY SERVICE COMPLETION FORM

Student Name	e:		Date:		
All community	service must be	performed and documented within the	e student's first seven seme	esters of high school.	
9 10	11 12	Class of Stu	ident ID#:		
		minimum of 50 hours completed Honors (last day of the 1 <sup>st</sup> semest			
Name of Orga	anization:				
Brief descript	ion of service	volunteer provided:			
Signature of `	Volunteer:				
Contact Perso					
	(Print and	include Phone Number)	(Signature)	(Signature)	
Date		Activity	Hours	Initial	
		Total Laura			
		Total Hours			