

Southland Academy

PO Box 1127
Americus, GA 31709

Community Service Hours

To Be Completed By Student:

Student Name: _____ Grade _____

Location of Service: _____

Description of Service:

Date	Begin Time- End Time	Total Hours

To Be Completed By Supervisor:

Supervisor Name: _____

Agency Name: _____ Phone Number: _____

Comments:

Supervisor Signature

Date

I verify that I have fully served the hours listed.

Student Signature

Date