



COMMUNITY SERVICE FORM

Dear Parent/Guardian,		
As a participant in the Carl Sandbu	irg College TRIO Upward Bound Pro	ogram,
is re	equired to perform 16 hours of com	nmunity service per program year.
Two of these hours must be comp	leted by the fall trip in order to att	end the trip. Sixteen of the hours
must be completed by the end of	the school year in order to attend t	the summer trip.
To confirm attendance and partici	pation in a volunteer activity, we a	sk that the student fill out the
form below. We appreciate your assistance with this matter and would like to thank you for helping		
your student grow and pursue exc	cellence. If you should have any que	estions in regards to this form,
please feel free to call me at 309-3	341-5448.	
Sincerely,		
Christopher Williams		
Director, TRIO Upward Bound		
To be completed by Volunteer Su	pervisor:	
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Community Service/Volunteer Name and Location		
Supervisor during Service Tim	0	
Supervisor during service rim	e	
Phone Number of Supervisor_		
Email of Cunomicar		
Email of Supervisor		
Number of Hours Completed	Date of Servi	ce
Service/work performed		
By signing below, I acknowledge	that the above information is corre	ect and accurate.
Print Student Name	Student Signature	Date
Print Supervisor Name	Supervisor Signature	Date
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^{**}Please complete a new form for each volunteer activity you complete. If you volunteer at the same location multiple days, you will have multiple forms.**