Indiana Academy Community Service

Student Name: _____________________________________________________ Class of: ____________

An Indiana Academy Community Service Form must be completed for each Community Service site at which services are performed. For service completed between May 1st and September 30th, forms are due on October 1st. For service completed between October 1st and April 30th, forms are due on May 1st.

If 15 or more hours are performed at one location, a one-page journal detailing the service must accompany this Community Service Form. The journal must adhere to the following guidelines:
Include Name, Date, and Title of Service • 1” margins on all sides • Times New Roman 12-point font • Double-spaced • Must Fill Page

The following sites/projects are pre-approved for Academy Community Service:
Academic Tutoring • Big Brothers/Big Sisters • Camps (staff) • Coaching Teams • Day Cares • Educational Outreach • Goodwill/Salvation Army • Government/Social Services • Habitat for Humanity • Homeless Shelters • Hospitals • Humane Society/SPCA • Libraries • Literacy Projects • Museums • Secular Organizations • Professional Offices • Soup Kitchens • Zoos

Return Community Service Forms (Parts A & B Completed) to:
Anna Sammelson, Administrative Coordinator of Residential & Student Affairs
Wagoner Hall Front Desk, Telephone: 765-285-8125, Fax: 765-285-2778

A. To be completed by the supervisor of the service performed (please print):

Supervisor Name and Title: __________________________________________________________
Agency/Organization (address & phone): ________________________________________________
Briefly Describe the Supervised Volunteer Activity: ______________________________________
________________________________________________________________________________
________________________________________________________________________________

Hours of Service Completed: ______   Date Service Completed: ____________

This student was not supervised by a relative and was not paid for the services performed.

________________________________ _____________
Supervisor Signature Date

B. To be completed by the student (please print):

Describe the service completed (duties, responsibilities, schedule): __________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

I am not receiving any other credit for the service performed.

_______________________________ _____________
Student Signature Date

C. Office Use Only:

Hours Recorded: ________________   Date: ________________   Recorded By: ________________