INDIANA ACADEMY
COMMUNITY SERVICE FORM

STUDENT SECTION

Student Name: ___________________________ Class of: ___________________________

Describe the service completed in 2-4 sentences (duties, responsibilities, schedule):

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

Student Signature: ___________________________ Date: ___________________________

SUPERVISOR SECTION

Supervisor Name: ___________________________ Phone: ___________________________

Title: ___________________________ County of Service: ___________________________

Agency or Organization Name: ___________________________

Briefly describe the activity:

Hours of Service Completed: ___________________________ Date(s) Service Completed: ___________________________

- This student was not supervised by a relative and was not paid or compensated for the services performed -

Supervisor Signature: ___________________________ Date: ___________________________

COMMUNITY SERVICE REQUIREMENTS

An Indiana Academy Community Service Form must be completed for each community service site at which services are performed. It is highly recommended you speak with Student Affairs staff to verify your planned service will meet our requirements for Community Service before your start your service.

Return form to Anna Sammelson, Administrative Coordinator of Residential & Student Affairs
Wagoner Hall Front Desk, Phone 765-285-8125, Fax 765-285-2778, Email acsammelson@bsu.edu

Examples of Community Service
- Non-profit organizations such as Habitat for Humanity or United Way
- Hospitals, libraries, and other schools
- Soup kitchens and food pantries
- Homeless shelters and animal shelters
- Coaching youth sports or helping at camps
- Working on charitable fundraising such as Relay for Life or Races for the Cures

Examples Not Meeting Requirements
- Work at a for-profit business such as a store or restaurant
- Helping out family or friends with tasks
- Private tutoring or babysitting
- Political campaigning
- Participation in a religious service or practice
- Internships or job shadowing

OFFICE USE

Hours Recorded: ________ Date: __________ Recorded By: __________