

## THE CIRCLE OF INDEPENDENT LEARNING CHARTER SCHOOL

4700 Calaveras Avenue. Fremont, CA 94538 (510) 797-0100

## **COIL'S COMMUNITY SERVICE LEARNING PROJECT FORM:**

\*NOTE: Make a copy for your own records

\*\*Multiple dates with the same organization can be put on the same form, multiple organizations require separate forms. Form must be turned in within 1 year of service. \*\* Legal Student Name: \_\_\_\_\_Print Dates Worked \*\*: # of Hours: Student Signature: \_\_\_\_\_ Date \_\_\_\_\_ ID#: \_\_\_\_\_ Gender: M / F Student Grade: \_\_ Year of Graduation: \_\_\_\_\_ Teacher: Location of Services Name of Non-Profit: Total: Phone #: ( ) \_\_\_\_\_ ——— Hours Name of Supervisor: \*If you earn more than 10 hours, you must attach a Job Title and E-mail of Supervisor: letter of confirmation on organization letterhead. Signature of Supervisor: \_\_\_\_\_\_\_Date: \_\_\_\_\_ Description of Service Activity: Purpose of Organization and how you contributed (filled out by student) \*\*No religious-affiliated programs are accepted\*\* \*Note: 40 Hours REQUIRED to GRADUATE.

ORIGINAL FORM MUST BE TURNED IN TO SCHOOL SECRETARY

Office use only: Date Entered in Computer System: