

# Mile High Adventist Academy Student Community Service Report



Student Name \_\_\_\_\_

Date Work Completed: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Org. Contact Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_  
(phone/email)

Description of Work Completed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Organization Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Admin Approval

\_\_\_\_\_  
Date