



Lake Oaks Civic Association

Service Hour/ Volunteer Form

Date: _____

Student Name: _____ Grade: _____

Name of Organization/ Agency: LAKE OAKS CIVIC ASSOCIATION

Name of Supervisor: _____

Address of Organization/ Agency: _____

Phone Number of Organization/ Agency: _____

Email of Organization/ Agency: _____

Brief Description of Community Service Performed:

Number of Hours Performed: _____

Signature of Supervisor: _____