



**BNEI AKIVA SCHOOLS
COMMUNITY INVOLVEMENT REPORT**

Student's Name: _____ Grade: _____

Parent's Signature (if student is less than 18 years old): _____

Number of Service Hours: _____ Date Approved: _____

Date Performed: From _____ To _____

Project Description: _____

Name of Organization: _____

Supervisor's Verification: _____

Contact Person to Verify (please print your supervisor's full name): _____

Phone #: _____ Supervisor's Signature: _____

Note: No credit for community service will be given until verification has been completed in full.

OFFICE USE ONLY

Date Service Recorded: _____ By: _____

Note: The original is returned to the student after the principal verifies and enters the service hours. The copy is filed in the principal's office.