## Community Service Form

**DUE MAY 24, 2024** 

Name:			Department:			The Governor's School for the Arts	
Grade Year: □ 9th	□10th	□11th	□12th	Semester:	☐ Fall	☐ Spring	
events in any departn	ay include	any of the sponsore	ne followin d outreach	g or an event gi h, volunteer hou	ven prior app rs for commu	proval by your de	partment chair: Assistance for GSA os, etc.
Organization Name		Desci	iption or S	Service Performe	a		
Dates and Hours of			Total Hours	Supervisor	r Name		
Date: / /	In:	Out:					
Date: / /	In:	Out:			Supervisor	r Signature	
Date: / /	In:	Out:			Date		Phone
	Service			Total Hours			
Dates and Hours of Service				Total Hours	•		
Date: / / Date: / /	In: In:	Out: Out:			Supervisor	r Signaturo	
Date: / /	In:	Out:			Date		Phone
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Organization Name		Descr	iption or S	Service Performe	a		
Dates and Hours of	Service			Total Hours	Superviso	r Name	
Date: / /	In:	Out:			Superviso	r Title	
Date: / /	In:	Out:			Supervisor	r Signature	
Date: / /	In:	Out:			Date		Phone
Overall Having College	:44-4			Dama who seek o	Shain Cianatu		
Overall Hours Submitted				Department Chair Signature			