



TACOMA BAPTIST SCHOOLS
High School Community Service
Report Form

Student Name _____ Grade _____

Date of Service _____ Hours Served _____

Place of Service _____

Name of Supervisor (printed) _____

Signature of Supervisor _____

Brief description of service performed: (include what you did, whose needs were met, and how your life was impacted)

Please Return Completed Form to the Office.
(To receive credit, all forms must be filled out completely and correctly.)



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