



# Greater New Bedford Regional Vocational Technical High School Community Service Form

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

Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Phone #: \_\_\_\_\_

Name of event: \_\_\_\_\_ Date of event: \_\_\_\_\_

Number of hours: \_\_\_\_\_

Brief description of community service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_