



COMMUNITY SERVICE FORM

Dear parent/guardian:			
required to perform 16 hou	rs of community service attend the trip. Sixteer	Ipward Bound Program,is per program year. Two of these hours must be of the hours must be completed by the end of the	ne
below. We appreciate your	assistance with this mat	teer activity, we ask that the student fill out the fo ter and thank you for helping your student grow bout the form, call me at 309.341.5278.	orm
Sincerely, Randi Torrance Director, TRIO Upward Boul	nd		
To be completed by volun	<mark>teer supervisor:</mark>		
Community service	/volunteer name and	location:	
Supervisor during s	ervice time:		
Phone number of s	upervisor:		
Supervisor email: _			
# of hours completed:		Date of service:	
Service/work perfo	rmed:		
By signing below, I acknow	wledge the above infor	mation is correct and accurate.	
Printed student name	Student signature	Date	
Printed supervisor name	Supervisor signature	Date	
Complete a new form for ea	ch volunteer activity comp	leted — even if at the same location.	

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