



# The Primacy Collegiate Academy Community Service Hour Record

Volunteer's Name: \_\_\_\_\_ School: The Primacy Collegiate Academy

Foundation/ Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Date	Task	Start Time	End Time	Total Time

Please have Director/Supervisor Signature: \_\_\_\_\_

Foundation/Organization Seal/Stamp

Do you have any unforgettable memory during this community services?

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What did you learn from the community service? Do you have any impressions, comments or suggestions?

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I attest that I have completed the work as recorded above in agreement with the Volunteer Director of \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I attest that the above named student has completed the required community service work under my direction.

\_\_\_\_\_  
TPCA Community Service Director Signature

\_\_\_\_\_  
Date