

Ivy Foundation Montgomery  
Community Service Completion Form

Please complete one form per each organization/club/team that received your community service.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Organization/Agency: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Address of Organization/Agency: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Organization/Agency: \_\_\_\_\_

Email of Organization/Agency Contact: \_\_\_\_\_

Brief description of community service performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature of Supervisor /Advisor/ Coach/Community Representative:

\_\_\_\_\_