**FORM CS-1: COMMUNITY SERVICE DOCUMENTATION FORM**

**To be completed by the student:**

Student’s Name
 First Middle Last

Street Address

City , CT Zip Phone:

Name of Volunteer Position:

Volunteered for days per week, hours per day for an approximate total of hours.

Briefly describe at least two employable skills that were used while performing this service:

Name Agency or Institution

Attention to

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City , CT Zip Phone:

**To completed by Training Agency/Sponsoring Employer:**

 1. Has this person completed a minimum of 100 hours of community/volunteer
 service? Yes [ ]  No [ ]  **OR**

2. Has this person completed 50–99 hours of service? Yes [ ]  No [ ]

 3. While performing this service, is the description of the basic skills demonstrated accurate as stated above? Yes [ ]  No [ ]

Name: Signature:

Position: Date:

For Office Use Only:

Approved by: Credits Awarded 1 [ ]  0.5 [ ]  Date: