



**Evergreen Park Community High School
Community Service Hours Form**

THIS FORM MUST BE TURNED IN TO THE TRI-M BOX WITHIN 2 WEEKS OF THE COMPLETED SERVICE IN ORDER TO BE COUNTED.

Name of Tri-M Member: _____

Service Activity/Project: _____

Date(s) of Participation: _____

Number of Hours Spent: _____

Explain your participation or voluntary role. (Be as specific as possible and only use the space provided.)

The area below must be neatly written by an **adult supervisor**. Failure to have all the proper information included will make your form invalid. **NOTE: The bottom portion of this form is ONLY required if your activity was NOT sponsored by EPCHS Music Dept.**

By signing this statement, you are confirming that as a part of your relationship with the student who submitted this form, he or she has spent time contributing to that activity, and served **satisfactorily** in that activity.

Name of Adult Supervisor/Title (please print): _____

Signature of Adult Sponsor/Supervisor: _____

Phone Number: _____

What group sponsored the activity? _____

Describe the candidate's participation/contribution: