



School to Life Plan

Community Service Report

Name _____

Mustang Period Advisor: _____

Description of service activity:

Who benefitted from this service? _____

If this is an individual, is the person related to you? _____

Where did you do this (address or name of organization)?

Date of Service _____ Number of Hours _____

Time Started _____ Time Stopped _____

Print Supervisor Name _____

Signature of Supervisor _____

Phone/Contact Number _____

Date Submitted: _____