



Community Service Participation Record

Student Name:		Year Level:	Care Class:	
Place/Organisation	Type of volunteer work	Supervisor in charge	Supervisor Contact Phone Number	Estimated Completed Hours
eg: Tallebudgera SLSC	eg: weekend summer patrols 2020/2021	Someone who can verify that this work was done by you eg: Mr Neil Watson	eg: 07 55354678	eg: 30 hours