



55 Audubon Street • New Haven, CT 06510 | Phone (203) 777-5451 • Fax (203) 782-3596

Community Service Form

Student Name _____ Department _____

Name of Agency/Organization _____

Address of Agency/Organization _____

Phone Number _____

Describe the responsibilities performed _____

Dates of Community Service performed:

Total Number of Hours:

I certify that _____ has completed _____ hours in the service described above.

Supervisor Signature Date

Supervisor Name (Print) Position

ACES/ECA Representative



LEARNING THROUGH THE ARTS

WWW.ACES.ORG/ECA