



<b>COLLÈGE PROTESTANT FRANÇAIS MONTANA COMMUNITY SERVICE FORM</b>
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**Student Information**

Name: \_\_\_\_\_ Family Name: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Student Agreement**

I understand that ALL Community service projects must be completed through a non-profit organization or a state or local government agency.

\_\_\_\_\_  
 Name of Student \_\_\_\_\_ Signature (Required)

**Organization Information**

\_\_\_\_\_  
 Name of organization/Government Agency:  
 \_\_\_\_\_  
 Address:  
 \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Community Service Brief Description**

Task	Date	Time In	Time Out	# of hours

**Participation & Enthusiasm:**    Excellent    Very Good    Good to Average    \_\_\_\_\_

I certify that these hours have been completed according to the CPF Montana Community Service Program's requirements.

\_\_\_\_\_  
 Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Stamp

**OFFICE USE ONLY**

**Community Service Points:**

APPROVED                      DENIED

REASON \_\_\_\_\_

COUNSELOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

