

# Pittsford Central Schools Community Service

Student \_\_\_\_\_

Class of 20 \_\_\_\_\_

Agency \_\_\_\_\_

School \_\_\_\_\_

Agency Signature \_\_\_\_\_

School Year \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
July 20____																																	
August 20____																																	
September 20____																																	
October 20____																																	
November 20____																																	
December 20____																																	
January 20____																																	
February 20____																																	
March 20____																																	
April 20____																																	
May 20____																																	
June 20____																																	
																<b>Total Hours</b>																	

Enter the number of hours into each square. Sub-total to the left then grand total at the bottom.  
Do not place an 'x'. Thank you.

Please describe your activity responsibilities: