



Chesapeake Bay Governor's School Community Service Record

Glenns Coordinator
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Student's Name: _____ Graduation year: _____

Site (circle one): Glenns Warsaw Bowling Green

a) Brief Description of Service: Date of Service: _____ Hours: _____

<i>Office use only</i>	
Environmental	Other
Date entered: _____	
Approved By (faculty): _____	

Sponsoring organization: _____

Supervisor's Name: _____ Phone Number: _____

Supervisor's Signature: _____ Date submitted: _____

b) Brief Description of Service: Date of Service: _____ Hours: _____

<i>Office use only</i>	
Environmental	Other
Date entered: _____	
Approved By (faculty): _____	

Sponsoring organization: _____

Supervisor's Name: _____ Phone Number: _____

Supervisor's Signature: _____ Date submitted: _____