ACES COMMUNITY SERVICE TRACKING FORM

STUDENT'S NAME:_____

ADDRESS:_____

_____

PHONE NUMBER:_____

I ATTEND: _____ Anderson County High School _____ Clinton High School

I WILL GRADUATE IN THE YEAR OF:_____

MY VOLUNTEER HOURS ARE FOR THE FOLLOWING CLASS YEAR, (circle one):

Freshman Sophomore Junior Senior

DATE	ORGANIZATION	ACTIVITY PERFORMED	HOURS COMPLETED	SUPERVISOR SIGNATURE

RETURN FORM TO YOUR GUIDANCE OFFICE OR KELLY LENZ AT CLINTON PHYSICAL THERAPY CENTER (Fax 463-7825).