



Educational Center for the Arts

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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: From: _____ To: _____

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
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