

The Palos Verdes Assembly

Volunteer Community Service Form

Student Name _____ **Grade** _____

Service Organization Name & brief description of their main purpose:

Dates of your community service: _____ **and # of Hours** _____

Description of your services performed: _____

Name & Title of Organization's Contact: _____

Contact Number: (____) _____

(This information will be verified by telephone.)

FORM SUBMITTAL:

Place in the basket at any Assembly dance.

Mail to: Community Service Patroness,

The Palos Verdes Assembly,

P. O. Box 3103, Palos Verdes Estates, CA 90274

Email to: Community Service Patroness

LAST DAY TO SUBMIT HOURS: March 31st. No Exceptions. Hour received after deadline will be credited toward the next years hours.