

**Blinn College PTA Program
Documentation of Community Service Form**

Applicant Name: _____

Business or Event Name: _____

Business or Event Location: _____

Description of community service duties completed by student:

Date	Time In	Time Out	Total time

Total Hours: _____

Supervisor Signature: _____

Supervisor Printed Name: _____

Supervisor Phone Number: _____

Supervisor Email Address: _____

*Applicant may submit a written letter on official letterhead of business or event where community services hours were completed, in lieu of this form. Letter must contain (at minimum) a description of duties completed, total hours completed, and official signature of supervisor or event coordinator.