

**Community Service Form**  
**Children's Ministries Department**  
**Central California Conference of Seventh-day Adventists**

\_\_\_\_\_  
**Name** **Age & Grade** **Phone**

\_\_\_\_\_  
**Street Address** **City** **State** **Zip**

\_\_\_\_\_  
**School** **Date Submitted**

\_\_\_\_\_  
**Date(s) of Activity** **Hours worked**

*What was the activity?*  
 \_\_\_\_\_  
 \_\_\_\_\_

*What was your part/position?* \_\_\_\_\_

*Worked for Rosa Gillham, Director of Children's Ministries,* \_\_\_\_\_

*Central California Conference of Seventh-Day Adventists* \_\_\_\_\_

*Was this activity beneficial to you? To the community? Why?* \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Student** **Date**

My signature indicates that I completed the above services without receiving pay.

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**To the Director/Authorized Supervisor:** Please read and sign below.

I attest that the above service was:

1. Supervised by me
2. Voluntary with no payment or grade received
3. Not done for the student's immediate family
4. Performed in the indicated number of hours

\_\_\_\_\_  
**Signature Director/Supervisor** **Date**

**Direct any questions to Rosa Gillham at:**  
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**559-347-3183 [rgillham@cccsda.org](mailto:rgillham@cccsda.org)**