

# Sebastian River Middle School

An International Baccalaureate School since 2004

9400 County Road 512  
Sebastian, FL 32958  
772-564-5111



## Community Service Form

This certifies that \_\_\_\_\_ completed \_\_\_\_\_ hours  
(Printed Name of Student)

of community service on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Place of Service)

Describe the service you, the student, performed.

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Student Signature: \_\_\_\_\_

Name of Community Service Representative verifying the hours of Community Service (optional):

\_\_\_\_\_  
(Please Print Name of Representative) (Signature of Representative)

Phone Number of Representative: \_\_\_\_\_

Would you recommend this student working for you again? Y/N

### Student Reflection & Review:

a) How did you make a difference?

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b) What did you learn about yourself?

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Please return form to Mrs. Sturgeon in the Media Center or scan and email to  
Christine.sturgeon@indianriverschools.org