



I M M A N U E L C H R I S T I A N S C H O O L
W A R R I O R S

Date _____

_____ has completed _____
(Name of student) (total hours)

community service hours for _____
(Name of organization)

by helping with _____
(duty performed)

on _____
(date/s of service)

(printed name of organization official)

(signature of organization official)

(title of organization official)