



Christian Life Academy

2037 QUAIL DRIVE
BATON ROUGE, LOUISIANA 70808
(225) 769-6760 Phone • (225) 769-9109 Fax • www.gocrusaders.com

Community Service Documentation

School Year: _____

To the Service Organization:

Thank you for agreeing to help our students learn the value of service to their community. Our intention at Christian Life is to go beyond just simply fulfilling a service requirement. Our aim is for our students to come away from their experience with an understanding of how volunteering is a foundational responsibility of community life. We want this experience to both inform and inspire each participant, and foster a life-time of community service.

We encourage you to challenge the student to look beyond his or her assigned task and show them the big picture of your work as well as, how the mission of your organization serves our community. Additionally, we ask your help in accurately documenting the actual time a student worked for you.

Student Name: _____

Grade _____

Please complete each time hours are served.

Agency Name	Date of Activity	# of hours served	Supervisor Name	Contact Phone or Email

I understand the **CLA Code of Honor** says, "I will not lie." I verify that the information on this sheet is correct.

Student Signature _____