



Blue Springs School District

Education with Distinction

COMPASS

Community Service Program

“Only a life lived for others is a life worth living.”- Albert Einstein

Last Name: _____ First Name: _____

Year of Graduation: _____ Parent Name: _____

Service Codes

1. Community Improvement	6. Hunger and Homeless
2. Disaster Relief	7. Literacy and Education
3. Elderly Assistance	8. Public Safety and Violence Prevention
4. Environmental	9. Youth Serving Youth
5. Health Related	10. Other

Log of Activity

Date Performed	Location and Type of Service Duties Performed	Service Code	Completed Hours	*Adult Supervisors Signature and Phone Number*
1.				
2.				
3.				
4.				
5.				
6.				
7.				

By signing this, I attest to the fact that the above named student did accomplish this task and did not receive payment.

On the reverse side, by number, explain in one sentence each activity that was performed.

COMPLETE THIS FORM AND RETURN IT TO _____ BY MAY 1ST OF EACH SCHOOL YEAR. STUDENTS MAY COMPLETE MORE THAN ONE FORM IF NEEDED.

Explain each activity that was performed.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____