



Jason Hiruo, Director  
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## Community Service Form

Student Name \_\_\_\_\_ Department \_\_\_\_\_

Name of Agency/Organization \_\_\_\_\_

Address of Agency/Organization \_\_\_\_\_

Phone Number \_\_\_\_\_

Describe the responsibilities performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Community Service performed:

Total Number of Hours:

I certify that \_\_\_\_\_ has completed \_\_\_\_\_ hours in the service described above.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name (Print)

\_\_\_\_\_  
Position

\_\_\_\_\_  
ACES/ECA Representative