



**North Carolina  
Outward Bound**

**COMMUNITY SERVICE COMPLETION RECORD**

STUDENT NAME \_\_\_\_\_ COURSE # \_\_\_\_\_

DUE DATE \_\_\_\_\_ TOTAL # OF HOURS TO BE COMPLETED \_\_\_\_\_

**Student must return this form to Outward Bound by the due date indicated above. This form serves as documentation that the above named student has completed their required service for the FINS Outward Bound program. Return by Mail: Course Director RE: (insert student Name) 3500 Sunset Avenue, Mims FL 32754 or Fax: 888-240-3512**

DATE OF SERVICE \_\_\_\_\_ NUMBER OF HOURS WORKED \_\_\_\_\_

TYPE OF SERVICE PERFORMED: (Please describe what work the student performed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

DATE OF SERVICE \_\_\_\_\_ NUMBER OF HOURS WORKED \_\_\_\_\_

TYPE OF SERVICE PERFORMED: (Please describe what work the student performed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

**FOR ADDITIONAL DATES AND TIMES OF WORK PERFORMED PLEASE ATTACH A SEPARATE SHEET.**

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

**TO BE COMPLETED BY SUPERVISOR**

HOW WELL DID THE STUDENT WORK? \_\_\_ EXCELLENT \_\_\_ GOOD \_\_\_ FAIR \_\_\_ POOR

WAS THE STUDENT MOTIVATED? \_\_\_ YES \_\_\_ NO