



**505 Blue Ball Rd  
Bldg #200  
Elkton, MD 21921  
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www.pcamd.com**

### PCA Student Community Service

**Please Print**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Place of Service: \_\_\_\_\_

Activity: \_\_\_\_\_

Pre-Approved (yes or no): \_\_\_\_\_ Signature of Approval: \_\_\_\_\_

***Activity must be pre-approved by administration to be certain it counts toward service hours.***

Place of Service: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Activity: \_\_\_\_\_

Supervisor/Overseer Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_