



**OHIO COUNTY COMMUNITY FOUNDATION**  
**PO Box 170/330 Industrial Access Drive**  
**Rising Sun, IN 47040**  
**812-438-9401**

**COMMUNITY APPRECIATION SERVICE REPORTING FORM**

DATE OF ACTIVITY \_\_\_\_\_

**\*\*Form must be submitted within 30 days of date of activity to receive credit**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ YEAR GRADUATING FROM RSHS \_\_\_\_\_

CITY, STATE AND ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ ORGANIZATION PHONE NUMBER \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

CITY, STATE AND ZIP \_\_\_\_\_

ACTIVITY PERFORMED FOR ORGANIZATION \_\_\_\_\_

HOURS PERFORMED \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

I CERTIFY THAT THE ABOVE STUDENT PERFORMED THE TOTAL NUMBER OF HOURS FOR THE ABOVE ORGANIZATION AS STATED ON THIS FORM AND DID NOT RECEIVE MONETARY COMPENSATION.

\_\_\_\_\_  
PRINT NAME OF AUTHORIZED CONTACT PERSON FOR ORGANIZATION

\_\_\_\_\_  
SIGNATURE AUTHORIZED CONTACT PERSON OF ORGANIZATION

**\*\*Must be the name/signature of the approved contact person provided on the OCCF approved organization list**

FOR OFFICE USE ONLY:  
APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

**PLEASE SUBMIT FORM TO THE OHIO COUNTY COMMUNITY FOUNDATION OFFICE LOCATED AT 330 INDUSTRIAL ACCESS DRIVE RISING SUN, IN**

There is a night depository located on the side of the building for submission after office hours