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kindnessmatters365.org

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## COMMUNITY SERVICE COMPLETION FORM

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

School/Affiliation: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Description of Service: \_\_\_\_\_

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

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

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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

### KM365 OFFICIAL USE ONLY

Representative Name: \_\_\_\_\_

Representative Title: \_\_\_\_\_

Representative Contact: \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form along with photo(s) of your volunteer or service activity to [ambassadorsupport@km365.org](mailto:ambassadorsupport@km365.org) to be signed and returned by one of our organization representatives. Together, we make a difference!