

**E 'Imi Na'auao**  
Community Service Contract

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

Name of Supervisor: \_\_\_\_\_

Project Site: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Approximate Hours of Service (per week or month): \_\_\_\_\_

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

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\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date