



FLEX Community Service Documentation



Please return this form by the **1st** of each month to Pacific Intercultural Exchange by fax to 1-619-238-6717, or mail to:

**Pacific Intercultural Exchange
ATT: FLEX Administrator
8880 Rio San Diego Drive, Suite 1045
San Diego, CA 92108**

Each FLEX student must perform **7 hours** per month of service from September to March until reaching 50 hours. The first 7 hours must be submitted by October 1. Please make copies of this form for your records and fax or mail a completed sheet each month.

Student Name: _____ Country: _____

Month and Year: _____ Total Hours this Month: _____

Activity #1:

Name of Organization: _____ City/State: _____

Date(s) Worked: _____ Total Hours worked at this location during this reporting period: _____

Description of Activity Completed: _____

Name of Contact Person: _____ Contact Signature: _____

Activity #2:

Name of Organization: _____ City/State: _____

Date(s) Worked: _____ Total Hours worked at this location during this reporting period: _____

Description of Activity Completed: _____

Name of Contact Person: _____ Contact Signature: _____

Activity #3:

Name of Organization: _____ City/State: _____

Date(s) Worked: _____ Total Hours worked at this location during this reporting period: _____

Description of Activity Completed: _____

Name of Contact Person: _____ Contact Signature: _____

Student's Signature: _____ Host Family Signature: _____