**COMMUNITY SERVICE PROGRAM**

**RECORD OF VOLUNTEER SERVICE HOURS**

**MAXIMUM NUMBER OF HOURS ACCEPTED PER DAY IS 8 (EIGHT)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: |  | ID# |  | Class of: |  |

Intended Purpose of Community Service Hours (check all that apply):

Bright Futures  HS Credit  Graduation Honors

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Agency  Name | Activity  Performed | Time  In | Time  Out | Total  Hours | Contact  Person’s  Signature |
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| Total Hours Volunteered: |  |

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_