**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 | AgencyName | ActivityPerformed | TimeIn | TimeOut | TotalHours | ContactPerson’sSignature |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |
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|  |  |
| --- | --- |
| Total Hours Volunteered: |       |

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

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

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