

Service Hours Record

Date: _____

Student Name: _____ Level: _____

Name of Organization/Agency: _____

Name of Supervisor: _____

Address of Organization/Agency: _____

Phone Number of Organization/Agency: _____

E-mail of Organization/Agency Contact: _____

Brief description of community service performed:

Number of Hours Performed: _____

Signature of Supervisor/Advisor/Coach:

OLMC Use Only:

Date Submitted:

Approved by: