

SERVICE HOURS FORM

NAME OF PARENT: _____

NAME OF STUDENT(S): _____

VOLUNTEER EVENT: _____

DATE OF EVENT: _____ NUMBER OF SERVICE HOURS: _____

SIGNATURE OF PARENT/VOLUNTEER: _____

SIGNATURE OF EVENT CHAIR/FACULTY MEMBER: _____

PLEASE NOTE THAT ALL FORMS MUST BE SIGNED BY THE EVENT CHAIR OR FACULTY MEMBER IN ORDER FOR YOUR HOURS TO BE COUNTED. IT IS THE RESPONSIBILITY OF THE VOLUNTEER TO HAVE THEIR FORM SIGNED BY THE APPROPRIATE PARTY BEFORE SUBMITTING HOURS.

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