

## SERVICE HOURS FORM

NAME OF PARENT: \_\_\_\_\_

NAME OF STUDENT(S): \_\_\_\_\_

RELATIONSHIP TO STUDENT (Parent/Sibling/Grandparent/Aunt/Uncle): \_\_\_\_\_

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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