

**SERVICE HOURS FORM K-4th**



Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Number of Hours Served: \_\_\_\_\_

Please check which type of service was performed:

- Direct Service–Students interacted with the individual or community they were serving.
- Indirect Service–Students did not interact with the individuals or community they were serving.

Organization Name: \_\_\_\_\_

Description of service performed: \_\_\_\_\_

I assert that to the best of my knowledge, the above information is correct and accurately represents the service hours performed.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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