

SERVICE HOURS FORM



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: _____

Supervising Adult’s Information:

Name: _____

Phone Number: _____

Email address: _____

Signature: _____

Date: _____

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

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____