SERVICE LEARNING
2011-2012

STUDENT NAME: _____ **MONTH:** _____

Record your activity on this sheet and have it signed. Turn form in monthly.

Date	Length of Service	Type of Service

TOTAL HOURS FOR THE MONTH: _____

I certify that the above named student completed the hours indicated.

_____ _____

Supervisors' Name and Phone # **Supervisor's Signature**

Updated 6/2010