



**SERVICE LEARNING  
2019-2020**

**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**