

SCMV SERVICE HOURS - RECORD FORM

Print Student name: _____ Grade _____

Hours Spent in Service: _____

Place where service took place: _____

Date (Dates) of Service: _____

Briefly summarize the service performed:

REQUIRED! SIGNATURE OF SUPERVISOR OF SERVICE PERFORMED

Printed Name of Supervising Adult: _____

Signature of Supervising Adult: _____

Telephone number of Supervising Adult: _____