RECORD OF COMMUNITY HOURS SERVED

STUDENT NAME:_____

Community Service Location:_____

Name of Contact Person Responsible:_____

Telephone number of Contact Person Responsible:_____

Date	Activity or Task Performed	Time In	Time Out	Total Hours Worked

APA SCHOOL ADMINISTRATOR:_____

SIGNATURE: _____

*****Submitting this log sheet to the school administrator does not mean that the hours indicated on it will automatically be applied. All volunteer hours are subject to verification.
*****Students should make a copy of this form before it is submitted and keep a copy for their records.

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