

COMMUNITY SERVICE HOURS SLIP

Name of Parent: _____

Name of Student: _____

Volunteer Event: _____

Date of Event: _____ Number of Service Hours: _____

Signature of Parent/Volunteer: _____

Signature of Event Chair: _____

COMMUNITY SERVICE HOURS SLIP

Name of Parent: _____

Name of Student: _____

Volunteer Event: _____

Date of Event: _____ Number of Service Hours: _____

Signature of Parent/Volunteer: _____

Signature of Event Chair: _____

COMMUNITY SERVICE HOURS SLIP

Name of Parent: _____

Name of Student: _____

Volunteer Event: _____

Date of Event: _____ Number of Service Hours: _____

Signature of Parent/Volunteer: _____

Signature of Event Chair: _____