

**Service Hour Form**

Quarter: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Activity/project: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_

Reflection:

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Supervisor Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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