

# ONE TIME EVENT SERVICE HOUR FORM

*Every line should be completely filled out and signed. It must be written and signed in ink. The form will not be accepted until this is completed.*

Student's Name: \_\_\_\_\_

Place of Service: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Total Number of Hours Served: \_\_\_\_\_

**\*\*\* Adult supervisor: Please write a brief description of service rendered and sign at the bottom of the page. (Parents may not sign for their student) \*\*\***

**Note: This is a service that the student has not been paid to do.**

Student's Signature: \_\_\_\_\_

(Full Name)

Supervisor's Signature: \_\_\_\_\_

(Full Name)

Supervisor's Phone Number: \_\_\_\_\_

This service meets the SCA Service Hour requirements.

\_\_\_\_\_  
SCA Service Hour Coordinator signature

\_\_\_\_\_  
Date