

ONGOING SERVICE HOUR FORM

Name: _____

Address: _____

Phone: _____ (home) _____ (mobile)

Email: _____

Date	Start Time	Task	End Time	Total Time	Supervisor Initials

**to be initialed by the supervisor*

***I attest that I have completed the work as recorded above in agreement with the Supervisor of this event.**

 Student signature Date

***I attest that the above named student has completed the above service hours under my direction.**

 Supervisor signature Date