

# SERVICE HOURS LOG

Academic Year: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Organization/School: \_\_\_\_\_

Supervisor: \_\_\_\_\_

DATE	ORGANIZATION	DESCRIPTION OF SERVICE	HOURS	VERIFICATION
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**TOTAL CUMULATIVE HOURS** \_\_\_\_\_

I certify that the hours listed above are accurate and were completed by the volunteer named.