

**SFXHS COMMUNITY SERVICE HOUR FORM**

**STUDENT NAME** \_\_\_\_\_

**DATE OF SERVICE** \_\_\_\_\_

**NUMBER OF HOURS SERVED** \_\_\_\_\_

**NAME AND LOCATION WHERE SERVICE WAS PERFORMED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BRIEF DESCRIPTION OF SERVICE (please print legibly and grammatically)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPERVISING ADULT (please print)** \_\_\_\_\_

**SIGNATURE OF SUPERVISING ADULT** \_\_\_\_\_

**PHONE NUMBER OF SUPERVISING ADULT** \_\_\_\_\_

**\*Please note all service hours are subject to approval**

**APPROVED/DISAPPROVED**

\_\_\_\_\_ **DATE** \_\_\_\_\_

**\*Please note all service hours are subject to approval**