

**Sussex County Charter School for Technology
Community Service Learning Hours Documentation Form**

This form is invalid without signatures of the student and the site contact. If you return to a site multiple times, you may use this form for up to five visits. Otherwise, use one form for each time you participate in a community service opportunity. Save this form in a safe spot and turn it into the main office upon completion.

Student Information

Name _____ Year of Graduation _____

School Counselor or Advisor _____

Site Information

Organization: _____

Address: _____

Site Contact Information

Name: _____

Phone #: _____

Email: _____

LOG OF HOURS

Date	Site	# of Hours	Work Performed	Site Contact Signature

I verify that the hours documented above were performed in service to the community. The information provided on this page is true.

Student Signature: _____ **Date:** _____

Site Contact Signature: _____ **Date:** _____

Make a copy for your records, and return completed form to the main office for documentation.