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: ___________________________ Site Contact Information

Name: ___________________________

Address: ___________________________ Phone #: ___________________________

Email: ___________________________

**LOG OF HOURS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Site</th>
<th># of Hours</th>
<th>Work Performed</th>
<th>Site Contact Signature</th>
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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.