# Volunteer Services Center
## Community Service/Volunteer Hours Tracking Form

Agency or Department: _____

Contact Person/Supervisor: _____
Name

_____ _____
Title Phone Number

Description of Services: _____

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| Date | Time In | Time Out | Hours | Signature of Designee |
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*With my signature below, I certify that the above information is true and accurate.*

_____ _____
Signature of Student Date

_____ _____
Signature of Supervisor Date

Total Hours Completed: _____