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| **Student Name:**  |  |

|  |  |
| --- | --- |
| **Organization’s Name:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Time | Brief Description of the Day’s Activity | Hours Completed |
| Begin | End |
|  |  |  |  |
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|  |  | **Total Hours Completed** |  |

**\* Please include additional rows as needed and ensure that the following certification is included at the end of this form.**

*By signing below, I certify that I have completed the service hours shown above.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student’s signature |  | Date |
|  |  |  |
|  Supervisor’s signature |  | Date |