

**Record of Family Service Hours Worked**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Name:** \_\_\_\_\_

**Volunteer's Name** \_\_\_\_\_

(Please Print)

**Type of Activity:** \_\_\_\_\_

**Hours Worked:** \_\_\_\_\_

**Please donate these hours to:** \_\_\_\_\_

(List name of family you wish to donate these hours to)

**All family service hours must be completed and submitted to the office at least one week prior to the end of the semester to receive credit for that semester.**

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