

Community Involvement Hours Tracking Sheet

Student name: _____

Date Submitted: _____

Start Date	End Date	# of Hours	Organization Name and Phone Number	Volunteer Activities	Supervisor's Name and Title	Supervisor's Signature

I confirm that the above activities have been completed.

Student Signature

Date

Parent/ Guardian Signature

Date

Principal Signature

Date

Office Use Only:
 The hours have been notes on the student's OST

 School Office Signature

 Date

