



Christopher Columbus Service Hours Record

Please fill out the student information below and have the service organization fill out the agency contact and hours information with signature. Return to **Dr. Dugard**.

STUDENT INFORMATION:

Name: _____ Student #: _____

AGENCY INFORMATION

Agency name: _____

Address: _____

Contact person: _____

Contact Phone #: _____ Best Time to contact: _____

Description of service activity: _____

Hours Completed: _____ Supervisor Signature : _____

AGENCY INFORMATION

Agency name: _____

Address: _____

Contact person: _____

Contact Phone #: _____ Best Time to contact: _____

Description of service activity: _____

Hours Completed: _____ Supervisor Signature : _____