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| **Date** | **Time In** | **Time Out** | **Hours** | **Supervisor’s Signature** |
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 **Total Hours: \_\_\_\_\_\_\_\_**

**It is the student’s responsibility to maintain verification of community service hours and submit a copy to Mrs. Spurgeon at the end of each school year as part of the program portfolio.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**