



San Angelo Christian Academy National Honor Society Service Hours

Student Name (print): _____

Activity/Organization name and Description of volunteer work	# Hours completed	Date(s) work completed	Supervising Adult Information Name, Phone & Email (print)	Supervising Adult Signature & Date
1.			_____ _____	_____
2.			_____ _____	_____
3.			_____ _____	_____
4.			_____ _____	_____
5.			_____ _____	_____
6.			_____ _____	_____
7.			_____ _____	_____
8.			_____ _____	_____
TOTAL HOURS:				

I certify that the information presented above is a complete and accurate record of my volunteer service activities.

Student Signature: _____ Date: _____