Southwestern High School Key Club
COMMUNITY SERVICE TIME SHEET
Date _____20__

Please record all volunteer hours below, and then bring to the Key Club advisors on the following date or when full (whichever comes first)
Fall semester: December *Spring semester: June*

NAME _____ Total hours _____
(Please print clearly.)

GRADE (please circle) 9 10 11 12 **HOMEROOM TEACHER_____ ROOM #_____**

NAME OF ORGANIZATION &/OR ACTIVITY	Date	Time In	Time Out	Total Hours	Description of volunteer activity	Signature of supervising adult

TOTAL # OF HOURS: _____
(this page only)

NAME OF ORGANIZATION &/OR ACTIVITY	**Date**	**Time In**	**Time Out**	**Total Hours**	**Description of volunteer activity**	**Signature of supervising adult**

TOTAL # OF HOURS: _____
(this page only)