Form C: Record of Service for BUSD Service Learning Project
Students must complete and submit this form to receive credit

_____ Student Name

_____ ID Number

_____ Graduation Year

_____ School

_____ Name of Health Teacher or Service Learning Coordinator

_____ Name of **Nonprofit** Organization

_____ Site Supervisors Name (s)

_____ Address of **Nonprofit** Organization

_____ Phone Number

Check One: Pre-approved Site ☐ Submit with Form B ☐

Hours must be completed at a ***Nonprofit Organization***, you cannot volunteer for your family, and your hours cannot benefit a team, band, or choir that you are a member of. If you are unsure if the hours will count check with your Health Teacher or College/Career Center for approval. Incomplete, inaccurate, unverified, or fraudulent forms will be returned to the student without credit.

Date	Describe Type of Service	Time Shift Started & Time Shift Ended	Hours Worked	Supervisor's Signature

Total Hours _____