

Student Name: _____

PCC Teacher: _____



PCC Community Service Hour Sheet

Date of Event MM/DD/YY	Name of Organization	Description of Event/Service	Service Type	Time In	Time Out	Total Time	Supervisor Name & Contact Information	Supervisor Signature
			Volunteer Donations					
			Volunteer Donations					
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All fields must be completed to receive credit. If the activity you would like to complete is not on our Volunteer Opportunities Page, see your PCC Teacher for a request form. You must submit the completed request form to your PCC teacher in order for it to be reviewed for approval by the BECHS Community Service Committee. The committee meets once a month to review all requests.