



CORAL SPRINGS CHRISTIAN ACADEMY

Renewing Minds • Engaging Hearts • Transforming Culture

**MIDDLE SCHOOL
STUDENT SERVICE HOURS LOG SHEET**

Student Name: _____ Bible Teacher: _____ Graduation Year: _____

School Name: Coral Springs Christian Academy School Year: _____ Grade Level: _____

Name of Organization with which or for which the service is being performed: _____

Please Note:

1. Service hours must be submitted to the office during the quarter in which they were earned or credit will not be given.
2. All volunteer hours are subject to verification.
3. Students should make a copy of this form before it is submitted and keep that copy for their records.

DATE	ACTIVITY OR TASK PERFORMED	TIME IN	TIME OUT	HOURS WORKED	CONTACT PERSON SIGNATURE	CONTACT NAME PRINTED	TELEPHONE

TOTAL HOURS VOLUNTEERED (STATE IN HOURS AND MINUTES)

I hereby affirm that I performed these hours for a Non-Profit organization registered as such with the State of Florida. These hours were not performed for a relative or privately-owned firm.

STUDENT SIGNATURE SUBMISSION DATE

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