



SERVICE HOURS FORM

To be submitted to Mrs. Ploetz in the guidance department each school year.

Name of student: \_\_\_\_\_

Individual or organization served: \_\_\_\_\_

Date of volunteer service: \_\_\_\_\_

Description of volunteer service or notes from a sermon:

Examples of service include mowing the lawn for a neighbor, serving at CCS when the school has a work-project need, mission trips, serving at church, volunteer babysitting, etc.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Number of hours: \_\_\_\_\_

Name of supervising adult (not a parent/guardian for service hours): \_\_\_\_\_

Signature of supervising adult: \_\_\_\_\_

Phone number of supervising adult: (\_\_\_\_) \_\_\_\_\_

\*Service hours do not count for projects completed for CCS coursework, volunteer time for immediate family, or for paid work.