

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 **Non-profit** Organization

Site Supervisor's Name

Address of **Non-profit** Organization

Phone Number

Check one: Pre-approved Site _____ Submit with Form B _____

Hours must be completed at a **Non-profit 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 the 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 _____

Name of **Non-profit** Organization _____

Site Supervisor's Name (s) _____

Address of **Non-profit** Organization _____

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

Phone Number _____

Hours must be completed at a **Non-profit 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 the 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 _____

Name of **Non-profit** Organization _____

Site Supervisor's Name (s) _____

Address of **Non-profit** Organization _____

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

Phone Number _____

Hours must be completed at a **Non-profit 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 the 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 _____