CONRAD WEISER AREA HIGH SCHOOL

COMMUNITY SERVICE PROGRAM TIME SHEET

NAME_____ STUDENT ID#_____GRADUATION YEAR_____

VOLUNTEER/AGENCY NAME_____

(ONE VOLUNTEER LOCATION/AGENCY PER TIME SHEET)

DATE OF SERVICE	HOURS WORKED	ACTIVITIES
TOTAL HOURS	_____	SUPERVISOR NAME PRINTED_____ SUPERVISOR SIGNATURE_____ DATE_____ TELEPHONE_____ SUPERVISOR EMAIL_____ PARENT SIGNATURE_____ DATE_____

Submit time sheet to Mrs. Cooper in the High School Counseling Office