TIOS – 40 HOURS OF COMMUNITY SERVICE RECORD

Student Name: _____   **OEN:** _____

Activity Name	Contact name	Contact email	Description	Start date	End date	Total Hours

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

For office use only:

Date rec'd: _____   Entered in student record: ☐

Principal/designate: _____