

GENEVA HIGH SCHOOL
GIVE HOURS RECORD

For office use only:
**TOTAL GIVE
HOURS:** _____

Student Name _____ Grade _____ Phone _____

Student ID _____

***Information regarding GIVE Hours**

- **PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS**
- Please itemize your hours. (Do not merely list Oct-April = 99hrs, without showing us how you served those hours) We need to see how you came about your total number.
- During a retreat, mission trip or camp service; only the hours worked should be included. Traveling, socializing and sleeping hours do not count toward the total.
- Hours spent in meetings usually don't count, unless they are specific to the training of a skill you will need for the event.

Service Date _____	Number of SERVICE Hours _____
Organization _____	Description of Service* _____
_____ _____	
Supervisor's Name(print) _____	Phone _____
Supervisor's Signature _____	
Service Date _____	Number of SERVICE Hours _____
Organization _____	Description of Service* _____
_____ _____	
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