

# GENEVA HIGH SCHOOL-GIVE HOURS RECORD

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

Student ID \_\_\_\_\_ PAGE TOTAL \_\_\_\_\_

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

## Information regarding GIVE Hours

- \* 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 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.

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

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

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

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Organization \_\_\_\_\_ Description of Service\* \_\_\_\_\_  
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Supervisor's Name(print) \_\_\_\_\_ Phone \_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_