



## COMMUNITY SERVICE TIME SHEET

**STEP 1:** To be filled out BY THE PARENT before going to the agency/organization and be submitted within a month of the activity. (Unless during summer break)

Student: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Parent Contact Info: Email or Phone Number \_\_\_\_\_

**STEP 2:** To be filled out BY THE PERSON SUPERVISING YOU at the agency where you volunteered. PLEASE NOTE: a relative or family member cannot sign this sheet as a supervisor.

Supervisor's Name/Title (Printed): \_\_\_\_\_

Name of Agency/Organization: \_\_\_\_\_

Contact Info (phone/email): \_\_\_\_\_

Please provide a brief description of the work the student performed for your agency/organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Student's Visit/Hours Volunteered:

Date 1 \_\_\_\_\_ Hours \_\_\_\_\_ Date 2 \_\_\_\_\_ Hours \_\_\_\_\_

Date 3 \_\_\_\_\_ Hours \_\_\_\_\_ Date 4 \_\_\_\_\_ Hours \_\_\_\_\_

Date 5 \_\_\_\_\_ Hours \_\_\_\_\_ Date 6 \_\_\_\_\_ Hours \_\_\_\_\_

Total Number of Hours Given: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_  
\_\_\_\_\_

Kinetic Academy Approval Signature: \_\_\_\_\_  
\_\_\_\_\_

Office Use Only:

Verified:

Data Entered: