Florida Academic Scholars Volunteer Service Record Form

STUDENT NAME _____ GRADE _____ SCHOOL _____

Maintaining this and subsequent service record forms is *YOUR* responsibility until YOU turn it in to your Guidance Counselor

Date	For Whom	Description of Duties	From (Time)	To (Time)	Hours	Supervisor Signature	Total hours To date

This form may be duplicated.

This form should be completed and placed on file with your Guidance Counselor after your project is completed.