

## SCHOOL DISTRICT OF LEON COUNTY

## Student Services

RECORD OF C	COMMUNITY SERVICE HOURS
Student's Name:  High School:  Student Phone #:  Parent Name:  Parent Email:	Graduation Year:  Student Email:  Parent Phone #:
Students can log volunteer service hour hours earned prior to the student's last must be documented in writing, and sign representative of the organization.  > Volunteer service hours may include, but for a nonprofit community service organ Students may not receive remuneration.  > Volunteer service hours may not be hour.	·
Total Number of Volunteer Hours (from page  I verify that the hours listed on this log sheet w  Student Signature:	Parent Signature:
Received By:	Date:
FOR OFFICE USE ONLY:	Hours Entered:  Total Hours in Genesis:
School Counselor Name	Date

## LCS Verification of Community Volunteer Hours Performed in Grades 9-12 For the Florida Bright Futures Scholarship Program

FSA – 100 hrs	FMS = 75 hrs	GSV = 30  hrs	

Date of Activity	Agency/Place of Activity	<b>Duties Performed</b>	# Hours Worked	Supervisor Signature
		TOTAL HOURS		

**Supervisor Email Address** 

**Supervisor Phone #** 

Short Paragraph on "What did you learn from your volunteering experiences?"

**Supervisor Name (printed)**