



**Seminole County Public Schools, Florida
Student Volunteer Service/Paid Work Program Hours Log**

Student Name _____ Grade _____ Graduation Year _____

Date of Birth _____ Phone Number (____) _____ - _____ High School _____

Mailing Address _____ Email Address _____

Student's selected social or civic issue or professional area of interest (if applicable): _____

It is the student's responsibility to maintain the verification of community service/paid work hours. Use multiple pages if necessary to document up to 100 hours.

DATE	HOURS SERVED/ WORKED	ORGANIZATION/BUSINESS	TITLE AND SIGNATURE OF VOLUNTEER COORDINATOR/ WORKSITE MANAGER

TOTAL HOURS: _____

We certify that the above hours were performed after completing an SCPS Student Volunteer/Paid Work Service Plan and that all these hours meet the SCPS Student Volunteer Service/Paid Work Program Guidelines.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Organization/Business Contact Signature: _____ Date: _____

Principal or designee signature below indicates that the hours have been accepted and recorded:

Principal (or Designee) Signature _____ **Date** _____