

STUDENT NAME: _____

SEMESTER: _____

PERIOD: _____

Stewardship Service Hours Log – minimum 6 hours:

NAME OF AGENCY: _____

**Section for Supervisor:
(a parent *may not* complete this section)**

I verify that this student satisfactorily provided _____ hours of service-oriented assistance for the agency or organization I represent. If contacted, I would be willing and able to discuss details of the student's service.

Signature _____ Phone # _____

Printed Name _____ Date _____

Comments or concerns:

Section for Parent or Guardian:

I verify that, to the best of my knowledge, my son/daughter provided these service hours.

Signature _____ Phone # _____

Printed Name _____ Date _____

Comments or concerns: