

Student \_\_\_\_\_ Grad. Year \_\_\_\_\_

Total hours for page \_\_\_\_\_

Return form to Mr. Green or Mrs. Baker. Scanned forms may be sent to: egreen@bishopleblondhs.com

20 hrs- Freshman & Soph.  
10 hrs-Juniors & Seniors  
60 Total hours required

# BLHS Student Service Hours

(Keep a copy for personal files. Not all forms leaving home end up returned. 😊 )

Please complete **all** fields in box.

Location: \_\_\_\_\_ Hours of service: \_\_\_\_\_

Date \_\_\_\_\_ Service description:

Printed Adult Name: \_\_\_\_\_ (Supervisor of event)

Signature of supervisor: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Location: \_\_\_\_\_ Hours of service: \_\_\_\_\_

Date \_\_\_\_\_ Service description:

Printed Adult Name: \_\_\_\_\_ (Supervisor of event)

Signature of supervisor: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Location: \_\_\_\_\_ Hours of service: \_\_\_\_\_

Date \_\_\_\_\_ Service description:

Printed Adult Name: \_\_\_\_\_ (Supervisor of event)

Signature of supervisor: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Location: \_\_\_\_\_ Hours of service: \_\_\_\_\_

Date \_\_\_\_\_ Service description:

Printed Adult Name: \_\_\_\_\_ (Supervisor of event)

Signature of supervisor: \_\_\_\_\_

Address/Phone: \_\_\_\_\_