

OMHS GIVE ME FIVE!

COMMUNITY SERVICE PROGRAM

Time Card

NAME _____ SCHOOL YEAR _____

SOCIAL STUDIES TEACHER _____ PERIOD _____

Agency/Event _____ Date _____ In _____ Out _____ Total Hours _____

Agency/Event	Date	In	Out	Total Hours

Verification Contact Information ** Remember, contact person listed below MUST work for the non-profit organization where you served. Family members cannot document your Give Me 5 hours.

Name _____ Number _____

Email _____

Position _____

Your signature below verifies that the student completed the hours listed above in service to your non-profit organization.

VERIFICATION SIGNATURE _____

Description of your service: (to be written by the student)

Student Verification: (to be completed by the student)

I understand that ALL of my community service must be done for a non-profit organization outside the Oak Mountain feeder pattern.

Student Signature _____