HAWKEN UPPER SCHOOL
COMMUNITY SERVICE PROGRAM

FRESHMAN SERVICE FORM

Name:_____ Class of_____

Service Area:_____

Supervisor: _____

TIME CHART

[Note: Activity Supervisor must initial hours as they are completed.]

Date	Activity	Time IN	Time OUT	Initials

TOTAL HOURS: _____

Make sure to fill out this form completely before turning it in to Ms. Mierke, Director of Community Partnerships and Service Learning. Forms submitted without a supervisor's signature will not be accepted for credit.

Revised 7.18.2007