



# Trinity Lutheran High School

## Volunteer Service Hour Record

Student Name \_\_\_\_\_

Name of Service Organization \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Signature \_\_\_\_\_

Supervisor Contact Information (email or phone #) \_\_\_\_\_

**Number of Hours of Service Performed** \_\_\_\_\_

Date(s) of Service \_\_\_\_\_

Category: (circle one)

Congregation

Community

Describe the service that you provided

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Date Submitted: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Initial: \_\_\_\_\_



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