



Community Involvement Time Sheet

Name: _____

Location: _____ Phone Number: () _____

Evaluator: _____ KHS SSR teacher: _____

- This form is for you to use to document the days/hours you have volunteered.
- Be sure to have your evaluator and SSR teacher sign this form at completion.

MONTH:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total hours for the month: _____ Evaluator Initials: _____ Student Initials: _____

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