



Life Center Academy Community Service Hours Form

Student Name	
Grade	
Name of Agency	
Manager/Supervisor for Agency	
Email	
Agency Phone Number	
Agency Address <i>City, State, Zip Code</i>	
Start Date-End Date	

Dates and Hours *(please include the month, day and year)*

Date	Activity	Hours
	Total Hours Served	

Signature of Manager/Supervisor

Date