Georgetown Day School Community Service Program

GDS Service Time Sheet (Optional)

Student's Name _____ **Class of** _____

Organization Name _____

Actual Dates of Service From _____ To _____

DATE	TIME IN	TIME OUT	SERVICE ACCOMPLISHED (WHAT YOU DID TODAY)	TOTAL HOURS
Total Hours:				

To the best of my knowledge, the student named above completed a total of _____ hours of the service listed above. (Please feel free to attach a business card.)

On-Site Supervisor _____ Title _____

Signature: _____ Date: _____

Supervisor Email _____ Contact Phone _____

Student's Signature _____ **Date** _____