COMMUNITY SERVICE / VOLUNTEER HOURS SHEET

Student Name: _____
LAST NAME, **FIRST NAME**

Summit Academy High School, 18601 Middlebelt Road, Romulus, MI 48174
Coordinator: Dr. Langley 734-955-1730

Graduation Year: _____

Important:

- For credit to be received, this sheet must be **submitted no later than 5 days after the end of each month** in which the activity occurred.
- This sheet may **not** be signed by relatives.

DATE	NO. OF HOURS	EVENT	SUPERVISOR'S SIGNATURE	PHONE NUMBER OF SUPERVISOR

Total Hours for Month: _____

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