

# Extracurricular Service Hour Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Event \_\_\_\_\_

Date of Event \_\_\_\_\_

Description of Event \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Role in the Event \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Return Completed Form to VP Foundation within two weeks of event (Date Received \_\_\_\_\_)

Receipt given to Applicant \_\_\_\_\_ (initials)

Name \_\_\_\_\_ Date \_\_\_\_\_

Service hours: **APPROVED** or **NOT APPROVED**

Service for Sight: **YES** or **NO**

No. of Hours of Approved \_\_\_\_\_

If not approved, reason \_\_\_\_\_  
\_\_\_\_\_

VP Foundation signature \_\_\_\_\_