



Southeastern Conference Community Services
VOLUNTEER COMMUNITY HOURS SHEET

This is to *certify* that **(NAME)**_____ has
performed supervised volunteer Community Service hours at the following Adventist Community
Services facility on the date(s) and time(s) listed below:

Name of Church /ACS Center /or Event: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

Date Volunteered	Time In	Time Out	Total Hours Per Day

Specific Duties/Services Performed:

Supervisor's Name (Please Print) _____

Supervisor's Signature _____ **Date** ____/____/____

Address (if different from above) _____

City: _____ **State:** _____ **Zip:** _____

Supervisor's Phone Number: _____



"Meeting Needs, Sowing Seeds, and Reaping a Harvest for Christ"