



Student Activity Record

Student Name: _____ Program: _____

.....
Name of Agency or Service: _____

Date of Activity: _____ Hours: _____

Activity: _____

Signature of Organization Chairperson/Designee: _____

.....
Name of Agency or Service: _____

Date of Activity: _____ Hours: _____

Activity: _____

Signature of Organization Chairperson/Designee: _____

.....
Name of Agency or Service: _____

Date of Activity: _____ Hours: _____

Activity: _____

Signature of Organization Chairperson/Designee: _____

.....
Name of Agency or Service: _____

Date of Activity: _____ Hours: _____

Activity: _____

Signature of Organization Chairperson/Designee: _____

.....