

**SLSPA COMMUNITY SERVICE FOR SEAT TIME FORM**

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| --- | --- | --- | --- | --- |
| **Date** | **Time In** | **Time Out** | **Total Hours** | **Description of Community Service** |
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**Community Service Supervisor’s Info**

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| --- | --- | --- |
| **Supervisor Name** | **Supervisor Contact Information** | **Supervisor’s Organization/Signature** |
|  | Phone Number: Email:  |  |
|  | Phone Number: Email:  |  |
|  | Phone Number: Email:  |  |

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please turn in completed form to Shauna Brand’s box in the main office or email it to** **sbrand@saltlakespa.org**

***For Office Use Only***

*Verified Community Service: YES / NO*

*Approved YES / NO Reason for denial:*

*Date Applied to Seat Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*