$\qquad$ Student Number: $\qquad$ Grade: $\qquad$

| Date(s) | Details of Event or Activity (what skills did you gain) | Hrs | Verification <br> Contact Information (PRINT) | School Verification |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  | Name: |  |
|  |  |  | Signature: |  |
|  |  |  | Title/Position: |  |
|  |  |  | Ph. Number: |  |
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## Total Hours:

| Date(s) | Details of Event or Activity (what skills did you gain) | Hrs | Verification <br> Contact Information (PRINT) | School Verification |
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|  |  |  | Name: |  |
|  |  |  | Signature: |  |
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GRAND Total Hours: $\qquad$

