



COMMUNITY SERVICE HOURS VERIFICATION

Students' Name: _____ Start Date: _____

Program Enrolled: _____

Use Dark ink, print clearly and complete **EACH AND EVERY** section. **MUST HAVE HOURS EARNED VERIFY AND SIGNED THE SAME DAY** by AUHS supervisor for each Community Service Event. **NO EXCEPTION.** Student **MUST** complete 100 hours of Community Service. Turn in this form to **STUDENT SERVICES** Department no later than 10th week of your last quarter.

NOTE: *Students are responsible for keeping their own Community Service hours. AUHS does not keep log of student hours.*

No.	DATE OF SERVICE	NAME OF EVENT	NO. OF HOURS EARNED	AUHS SUPERVISOR'S NAME	AUHS SUPERVISOR'S SIGNATURE
1			Initial		
2			Initial		
3			Initial		
4			Initial		
5			Initial		
6			Initial		
7			Initial		
8			Initial		
9			Initial		
10			Initial		
11			Initial		
12			Initial		
13			Initial		
14			Initial		
15			Initial		
16			Initial		