

BETA Hours Verification Sheet

Name (PRINT) _____ Grade _____

Organization _____ Date (s) Worked _____

Hours from _____ to _____ TOTAL TIME Spent at Site _____

Contact Name (Try to get a Supervisor PRINT: _____
They can Verify time spent!)

SIGN: _____

Phone #' s contact person can be reached at: _____

Student phone # _____

Student Describe Duties Performed:

Reflect on your contribution to our community through your service:
