

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

## SOA Credential- Community Service Make Up Form

Students who have not earned 20 hours per year (minimum 10 hours from the pre-approved list) by the end of the year due date may make up hours, but will be required to complete them, plus a penalty of  $\frac{1}{2}$  of the hours remaining (example 20 hours = 30 owed). Make up hours MUST come from organizations on the Pre-Approved Service List found on the school website. Students should record their make-up hours using the form below.

**Please submit this form to Mrs. Miller in room 1117.**

Number of hours short: \_\_\_\_\_ x 1.5 = \_\_\_\_\_ hours

### **Log of Service Hours completed to make up for hours missing in previous years:**

1. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_
2. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_
3. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_
4. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_
5. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_

6. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_
7. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_
8. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_
9. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_
10. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_
11. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_
12. Date: \_\_\_\_\_ Activity: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Contact Number of Supervisor: \_\_\_\_\_ Number of hours completed: \_\_\_\_\_  
Signature confirming Service: \_\_\_\_\_