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@SLHSseahawks @SLHSseahawk

Kara Merlin • Principal
Assistant Principals: Douglas Elias • Tisha Doohen
Cady Baer • Christine Ramirez • Jeffrey Wolff

KEY CLUB Service Hours Record

Student Name _____ Student Number & Grad Year _____

Date Submitted _____

Community Service is charitable in nature, with the goal of benefitting the community and it's needs. Community service must be completed outside of a student's regular school day and are NOT eligible for financial reimbursement for services rendered. Church service hours do not qualify as service hours but community projects (ie: community beautification) in conjunction with a church do qualify. Only official Key Club events will count towards Key Club Hours.

Volunteer Hours for: Sunlake High School Key Club

Name of Supervisor(s)/Sponsor(s): Karen J. Noffsinger

REQUIRED: Complete the attached hours sheet BEFORE turning it in. Do NOT expect club officers to sign your form AT check-in. If you cannot get a signature at the event, then you will need to find an officer to sign prior to the check-in meeting. List the name of the organization, address of the organization, the type of work completed, and the number of hours served. Provide a total number of service hours completed. ***If for some reason an event supervisor is not available due to the size of the event you may be asked to provide an alternate type of participation verification***

I understand this form is to be turned in to Ms. Noffsinger in Room 10-106 by the end of each quarter. Totals from page 2 are accurate to the best of my knowledge. I understand it may take up to 2 weeks for these hours to be reflected in MyStudent.

Student's signature _____

Parent/Guardian's signature _____

For Office Use Only

Date Reviewed	Total Hours	Approved
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1 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
2 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
3 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
4 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
5 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
6 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
7 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
8 - Date of Event	# of Hours	Name of Organization	Signature of Advisor	
9-Date of event	# of Hours	Name of Organization	Signature of Advisor	
Hours Total:				
This form must be signed by the organization's event coordinator or an Advisor ONLY				