

V+J
Mount Aviat Academy
Student Hours of Service Record

Student's Name: _____ **Grade** _____

Date Submitted: _____

<u>Hours of Service</u>	<u>Type of Service</u>	<u>Adult Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total hours of Service: _____ (10 hours required per year)