Record of Hours for Hesed Project

Note: if a student has not completed 30 verifiable hours by the end of January, she will not be permitted to participate in NCDS athletics or extracurriculars until the service commitment is complete.

Student Name:				
Site Name:				
Name of Site Super	visor:			
Supervisor Contact (phone and/or e-ma				
To be completed by si	ite supervisor:			
Total # Hours Serve	ed:			
Supervisor's Signat	ture:			
Date of Signature:				
Log of hours Note: Supervisor ma	v send their ow	n loo/letter verifi	ving hours directly i	to <u>mpotter@newtonsh.org</u> .
tiore. Supervisor ma		you began/		inpotter (entervioristi.org.
Date		ou finished	# of Hours	Supervisor
	1			

Date	Time you began/ Time you finished	# of Hours	Supervisor

Date	Time you began/ Time you finished	# of Hours	Supervisor