

### JCCC Service Award Form

Student Name:		Student ID:	
Email:	Phone Number:	Total Number of Service Hours:	

**Service Hours Verification (attach additional sheets if necessary)**

Nonprofit Name:		
Start Date of Volunteering:	End Date of Volunteering:	Number of Hours:
Supervisor Name and Title:		
Supervisor Email:		Supervisor Phone Number:

Nonprofit Name:		
Start Date of Volunteering:	End Date of Volunteering:	Number of Hours:
Supervisor Name and Title:		
Supervisor Email:		Supervisor Phone Number:

Nonprofit Name:		
Start Date of Volunteering:	End Date of Volunteering:	Number of Hours:
Supervisor Name and Title:		
Supervisor Email:		Supervisor Phone Number:

Nonprofit Name:		
Start Date of Volunteering:	End Date of Volunteering:	Number of Hours:
Supervisor Name and Title:		
Supervisor Email:		Supervisor Phone Number:

Nonprofit Name:		
Start Date of Volunteering:	End Date of Volunteering:	Number of Hours:
Supervisor Name and Title:		
Supervisor Email:		Supervisor Phone Number:

Nonprofit Name:		
Start Date of Volunteering:	End Date of Volunteering:	Number of Hours:
Supervisor Name and Title:		
Supervisor Email:		Supervisor Phone Number:

**Student Signature:**

**Date:**

To be filled out by Community-Based Learning office:

Level of Award:

Date turned in:

Date verified:

Verifier's Initials: