## Tomorrow Onset Project Community Service Completion form



Student Name:		Address: Sch		School year:		
School	Name:	Email:			Age:	
Date	Project Name	Activities Description	Hours Completed	Supervisor's Signature	Supervisor's Phone#	Top Hour Y/N
		Total Hours	5			
I certify	that I have completed t	he above listed hours as a con	nmunity serv	vice initiative.		
Student Signature		Date	Parent's/Guardian's Signature			2
	e use only:	•••••		• • • • • • • • • • • • • • • • • • • •		
Total hours:		Date Entered:	Initials:			

## Notes:

<sup>\*</sup> Service Hours per club member may not exceed 8 hours per day.

<sup>\*</sup> Service log to be signed by one of TOP club board members when you apply for Award Program.