

Service Learning & Volunteer Time Record



Volunteer Name: _____ Phone Number: _____ Hours needed: _____

Program	Date	Time-In	Time-Out	Total	Staff Signature

Outreach and Development Director: _____ Date: _____

Please turn this in to LEEP's Outreach Coordinator at the end of your volunteer experience with LEEP

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Outreach and Development Director: _____ Date: _____

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