

V+J
Mount Aviat Academy
Student Hours of Service Record
10 HOURS REQUIRED



Student's Name: _____ Grade _____

Date Submitted: _____

<u>Hours of Service</u>	<u>Type of Service</u>	<u>Adult Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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Total hours of Service: _____

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