THE FOOD LOUNGE

Community Service Hours Tracking Form

Please take this form with you, obtain the signature after each project is finished, and keep track of your hours.

thefoodloungesouthflorida@gmail.com

Volunteer Name: _____ **Phone Number:** _____ **Email:** _____ **School:** _____

Date	Duty Performed	Place of Service	Total Hours	Supervisor Name / Phone Number	Supervisor Signature