

## **2023-24 MYC SERVICE HOUR FORM**

DATE \_\_\_\_\_

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_

DESCRIPTION OF SERVICE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUPERVISOR'S NAME & PHONE # \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

STUDENTS 'S NAME \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_

*IT IS THE STUDENT'S RESPONSIBILITY TO COMPLETE THIS FORM AND RETURN TO THE  
EXECUTIVE ASSISTANT TO THE MAYOR FOR DOCUMENTATION*