Community Service Hours Report

Name:_____**Chapter**:_____**Completion Date:**_____

Note: This form or a school form are both permissible. Members may use multiple forms as needed to document a total of at least 30 hours. All hours must be completed outside of the FCCLA organization and verified by an adult unrelated to the student.

Date of Service	# of Hours	Organization	Role(s)	Verified Signature