

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
Organization Served: \_\_\_\_\_ No. Of Hours: \_\_\_\_\_ Times: \_\_\_\_\_  
Adult Supervisor/Org. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Each slip must be used for only one date/occurrence.  
Entire form should be filled out completely prior to  
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