

KEY CLUB SERVICE HOURS DOCUMENTATION SHEET

GRADE: _____

NAME: _____

Description of Service Activity	Date(s) of Activity	Adult Signature	Number of Hours

**TOTAL NUMBER OF
HOURS FROM THIS SHEET** _____

*****THIS SHEET SHOULD ONLY BE USED TO DOCUMENT SERVICE HOURS EARNED OUTSIDE OF HHS KEY CLUB SPONSORED ACTIVITIES. IF NECESSARY, USE MULTIPLE DOCUMENTATION SHEETS TO VALIDATE ALL OUTSIDE SERVICE HOURS.*****