West Chester University Volunteer Time Sheet

PLEASE PRINT:

Students Name: _____

Phone Number:_____

Course title and #:_____

Minimum number of hours to be completed for class project:_____

Agency: _____

Contact person and phone number:_____

Date	Description of activity	Time begin	Time End	Total hours	Signature of agency representative

Total hours completed:_____ **Student - return this form to your faculty member.**

Forms available in the Office of Service-Learning & Volunteer Programs, B 19 Killinger Hall, 436-3379