

Community Service Experience Time Sheet  
WCU College of Education

PLEASE PRINT:

Student Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Minimum number of hours: 20 hours or if split placement, 10 hours minimum with each organization*

Non-profit organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date	Description of activity	Time begin	Time End	Total hours

**Total hours completed:** \_\_\_\_\_