OPEN HEART KITCHEN
Feeding the Hungry of the Tri-Valley

Proof of Community Service Hours

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

I understand that it is my own responsibility to record my volunteer hours and to obtain an onsite supervisor's signature **EVERY DAY** that I volunteer before I leave. I also understand that Open Heart Kitchen's staff will be unable to sign off my hours after the fact. I also understand that Open Heart Kitchen's staff reserves the right to refuse signing off my hours based on my quality of volunteering service. Quality of volunteering service includes showing up on time, staying for the agreed shift, and completing the duties as described in the job description and by the onsite supervisor.

SIGNATURE _____

Date	Activity	# Hours	Supervisor's Signature

TOTAL HOURS _____

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