Service Learning Timesheet for Fall 2009

Student Activities & Health Services
Service Learning Program
Building 1400, Office S205H
(in front of Transfer Center counter)
900 Otay Lakes Road
Chula Vista, CA 91910
(619) 482-6537 (619) 482-6554 fax
dtaft@swccd.edu
www.swccd.edu, click on "Student Info." and then on "AmeriCorps/SL"

Instructions: Return this form by **Friday, December 11, 2009 at 3:00 p.m.** to the Service Learning office after it has been completely filled out with all signatures. To receive credit you must **complete a minimum of 15 hours** (unless your course requires more) and turn in by the deadline date.

SECTION 1: Community Partner/Agency and Student Information

Community Partner/Agency _____ Student's Name _____

Contact Person _____ College ID# _____ Phone # _____

SWC Instructor Name _____ Course _____

SECTION 2: Hours Completed at Site (please fill out below for EACH DAY that you volunteer)

DATE	# OF HOURS	SUPERVISOR SIGNATURE (required on each day you volunteer)

Total Hours Volunteered:_____

SERVICE LEARNING STUDENT SIGNATURE:_____

SWC INSTRUCTOR'S SIGNATURE:_____
(TO BE SIGNED AFTER HOURS HAVE BEEN COMPLETED)

You will receive a certificate of recognition and co-curricular transcript information approximately one month after the end of the semester. Thank you for your participation and for helping improve the lives of others.