



Summer Hands

SAN DIEGO

PO Box 5005-63,
Rancho Santa Fe, CA 92067

STUDENT NAME

LAST _____ FIRST _____

Year of Graduation 20 _____

SUPERVISOR NAME

ORGANIZATION NAME

SITE ADDRESS

TELEPHONE

(_____) _____

DATE (S) OF SERVICE

One Day: _____ and/or
(Month / Day / Year)

Multiple Days:

From _____ to _____
(Month / Day / Year) (Month / Day / Year)

TOTAL HOURS _____

SUPERVISOR SIGNATURE

_____ **DATE** _____