



*Leisure Education for Exceptional People, Inc.
Service Learning & Volunteer Time Record*

Volunteer Name: _____ *Phone Number* _____ *Hours needed:* _____

<i>Program</i>	<i>Date</i>	<i>Time-In</i>	<i>Time-Out</i>	<i>Total</i>	<i>Staff Signature</i>

Assistant Director: _____ *Date:* _____

Please turn this in to LEEP's Assistant Director at the end of your volunteer experience with LEEP