Illinois Secretary of State
Organ/Tissue Donor Program's *Teen Community Service Program*
Lifesaving Education and Awareness on Donation (LEAD)

Student Hours Documentation Form

Designated Advisor: *Use this form to document the total hours each student worked at the events for awarding community service hours.*

School Name: _____

School Address: _____

Designated Advisor:

Name/Title: _____

Email: _____ Phone: _____

Student's Name	**TOTAL HOURS student completed at team events**