

MEMBER NAME \_\_\_\_\_

TO BE COMPLETED BY LPH OFFICER	
COMPLETED 10 HOURS	<input type="checkbox"/>
CLASS STATUS: JR <input type="checkbox"/>	SR <input type="checkbox"/>
APPROVED BY _____	

# LPH Service Record/ Verification Card

Date	Work completed	Hours	Organization	Contact Name/Phone	Contact Signature
Total Hours Completed					

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