



Charity Work Hours Form

- To “pay it forward” please document your 40 hours of community service below.
- Approved charity’s are on the Smile for a Lifetime Charity list

Name: _____

Date started: _____ Date completed: _____ Total Hours of service: _____

1. Charity name: _____

Phone number: _____ Email: _____

Date(s) of service: _____ Hours of service: _____

Charity contact person’s name (print): _____

Charity contact person’s signature: _____

2. Charity name: _____

Phone number: _____ Email: _____

Date(s) of service: _____ Hours of service: _____

Charity contact person’s name (print): _____

Charity contact person’s signature: _____

3. Charity name: _____

Phone number: _____ Email: _____

Date(s) of service: _____ Hours of service: _____

Charity contact person’s name (print): _____

Charity contact person’s signature: _____

4. Charity name: _____

Phone number: _____ Email: _____

Date(s) of service: _____ Hours of service: _____

Charity contact person’s name (print): _____

Charity contact person’s signature: _____