Great Bay Community College

100 Hour Club

Tracking Sheet

Student Name_____

Student Email_____

Date	Detailed Description of Activity	Organization & Supervisor Signature	Number of Hours

I verify that the total number of hours listed above is correct.

Student Signature_____Date_____

Please turn in completed form to Sara Poulin in Student Life.

(Any hours that a student or student organization volunteers at a nonprofit organization count towards the 100 Hour Club)