



Outers Service Time Record



Outer Name: _____

Outer Brigade Number: _____

Outer Signature: _____

This section is to be filled in by the individual from the organization for whom the service time was completed.

Activity Completed: _____

Location: _____

Date of Completion: _____

Number of Hours: _____

Contact Person: _____

Contact Number: _____

Signature: _____

Please return this completed form to the NLS office or to Miss Bujold.

For Office Use Only

Date form received by Service Time Coordinator: _____

Signature of Service Time Coordinator: _____