



SERVICE HOURS LOG

**Earning Active Member designation requires a minimum of 8 total service hours with at least 2 hours from SNDA Event Participation. Please indicate accordingly.*

Event	Date	Time In	Time Out	Type <i>(shade correct box)</i>	Authorized Signature <i>(Officer, Chair, or Event Coordinator)</i>
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	
	___/___/___			<input type="checkbox"/> SNDA Event <input type="checkbox"/> Community	

Member Name: _____ **Member Signature:** _____

Total SNDA Event Hours: _____ **Total Community Hours:** _____

(Internal Use Only) **Date Submitted:** ___/___/___ **Received By:** _____

To submit this form please give to an SNDA officer or make a scan/photo and email to unlvsnda@unlv.nevada.edu

By signing, I acknowledge that I have completed the stated service hours, and agree that I am not falsifying any information on my Service Hours Log. I know that do so will only hinder my abilities in the field of nutrition and dietetics in the near future.