

VOLUNTEERISM DOCUMENTATION FORM

Student's Name _____ High School _____

Graduation Year _____ Student ID _____

Use **INK** only.

| Date MM/DD/YY | Type of Service | Where Volunteer Service Was Done | Hours Completed | Initialed by Supervisor |
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| Total Hours for this activity* | | | | |

I attest to the fact that the above named student did accomplish this volunteer service and did not receive payment for the task.

Person in Charge (Print)

Signature of the Adult in Charge

Phone Number

*The person signing this form should be the person supervising the activity. Do not combine different activities on the same form if they are supervised by different people. Use an additional form.

Students, turn in a copy of this form to your counselor. It will be kept on file in the counselor's office at the high school. Also, keep a copy in your Portfolio.