

Student Community Volunteer Record

Name _____ Grade _____

Volunteer Placement (Where) _____

Address _____

Phone Number _____

Volunteer Supervisor _____

Brief Description of Volunteer Activity:

Number of Hours _____ Date(s) of Volunteering _____

To the best of my knowledge, all of the information on this form is accurate and the volunteer hours that I completed were not compensated monetarily, or in any other significant way.

Student Signature _____

As the volunteer supervisor, I am verifying that this student completed the reported number of volunteer hours without any monetary payment or other type of reward.

Supervisor Signature _____