

Volunteer Service Documentation Form

Student's Name: _____

Graduation Year: _____

Student ID: _____

Use INK only

Date	Type of Service	Name of Organization	Hours Completed	Initialed by Supervisor
Total Hours & Initialed by Supervisor				

Adult in Charge (Print)

Adult in Charge (Signature)

Phone

Students, keep one copy for your records and turn in another copy to your senior principal.