

Community Service Volunteer Hours

Student Number: _____

Month of: _____

Name: _____ Grade Level: _____

Place where you volunteered & signature of supervisor	Date of Hours	Hours for the day
Place: _____ Supervisor Signature: _____ Name of Agency: _____ Address: _____ _____ Phone Number: (_____) _____	__ / __ / __	_____ Task: _____ _____ _____
Place: _____ Supervisor Signature: _____ Name of Agency: _____ Address: _____ _____ Phone Number: (_____) _____	__ / __ / __	_____ Task: _____ _____ _____
Place: _____ Supervisor Signature: _____ Name of Agency: _____ Address: _____ _____ Phone Number: (_____) _____	__ / __ / __	_____ Task: _____ _____ _____
Place: _____ Supervisor Signature: _____ Name of Agency: _____ Address: _____ _____ Phone Number: (_____) _____	__ / __ / __	_____ Task: _____ _____ _____

TOTAL HOURS FOR THE MONTH: _____