

STUDENT  
VOLUNTEER  
VERIFICATION

## Student Volunteer Hours

Please print all the information below:

**High School**

Name: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

Student ID# \_\_\_\_\_

**Agency/Organization**

Name: \_\_\_\_\_

Telephone Number of  
Agency/Organization \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Task Performed: \_\_\_\_\_

**Community Service Requirements for graduation participation**

Must complete **80 hours within four years**, recommend 20 hours per year.

One agency per time sheet

Make copy of your time sheet and keep in a portfolio

**Students turn in time sheet to your counselor.**

Date	Time In	Time Out	Total number of hours	Sponsor's Signature