



Student Volunteer Activity Sheet

Student's Name:		School:	
Name of Activity/Organization:			
Tasks/Services Completed:			
Number of Volunteer Hours Completed:		Start Date:	End Date:
Parent/Guardian's Signature:		Student's Signature:	
Community Sponsor/Volunteer Supervisor's Name and contact info:		Community Sponsor/Volunteer Supervisor's Signature:	
_____		_____	
Please Print	Phone no.	Date	
<input type="checkbox"/> Please check box to confirm your organization is a " <u>Not for Profit</u> " organization			