



Volunteer Hours

Student Information

Full Name: _____
Last *First* *M.I.*

Start Date: _____ End Date: _____

Time In: _____ Time Out: _____

Total number of hours volunteered: Rounded by ½ hour

Description of duties performed: _____

Organization Information

Organization: _____
Name

Address: _____
Street Address *Unit #*

City *State* *ZIP Code*

Supervisor Information

Supervisor Name: _____ Phone #: _____

Student Signature *Date*

Supervisor Signature *Date*