



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	