

High School Volunteer Hours Report Form



Student Name _____ Grade _____

Date(s) of Service _____ Hours Served _____

Place of Service _____

Name of Supervisor (printed) _____

Signature of Supervisor _____

Brief description of service performed: (include what you did, whose needs were met, and if it made an impact on your life)

Please return completed form to the Secondary Office. Information may be emailed *by the Supervisor only* to tjones@soundchristian.org.

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