VOLUNTEER COMMUNITY SERVICE DOCUMENTATION FORM

This is to certify that from

Student Name

 , Class of has performed volunteer service on Name of School

the date(s) and location(s) listed below.

Name of Organization/Non-Profit/Event:

Address:

Phone Number:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of the Event** | **Time In** | **Time Out** | **Total Hours Per Day** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Specific Duties/Services Performed:

Supervisor Name (Please Print)

Supervisor Signature

Address (if different from above)

Date: / / Phone Number: