

Volunteer Hours or Community Service Hours Log Sheet

Name _____

It is the student's responsibility to maintain the verification of volunteer or community service hours.

Date	Task Performed Brief Explanation	Hrs. Worked	Volunteer/Community Organization	Title/Signature of Supervisor and phone number
		Total *		

Please submit this form end of each month to Shonna Wagner. * **Please total your hours worked.**

Student's Signature _____ Date Submitted _____

Office Use Only
Verification Signature _____ Date Received _____