VOLUNTEER SERVICE RECORD

Student Name: _____ Student Number: _____

School Name: Virtual School Year: _____ Grade Level: _____

Date	Total Hours Worked	Activity of Task Performed	Sponsor Signature and/or Organization Contact	Telephone #

Total Hours: _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Must be a non-profit organization/non-paid experience.