

STUDENT VOLUNTEER SERVICE PROGRAM

Volunteer Hour Log Sheet

Student Name: _____ **Student Number:** _____ **Graduation Year:** _____

School Name: _____ **School Year:** _____ **Grade Level:** _____

Name of Organization with which or for which the service is being performed: _____

Please Note:

1. Submitting this log sheet to the Student Volunteer Service Program Coordinator does not mean that the hours indicated on it will automatically be applied to the Student Volunteer Service Program. All volunteer hours are subject to verification.

2. If service hours indicated on this sheet are with or for an organization not sponsored by the school, they will not count in the Student Volunteer Service Program unless you have a copy of the Student Volunteer Service Application and Approval Form signed by the Student Volunteer Service Program Coordinator.

3. Students should make a copy of this form before it is submitted and keep that copy for their records.

Date	Activity or Task Performed	Time In	Time Out	Total Hours Worked	Contact Person's Signature	Telephone Number
					Print Name: _____ Signature: _____	
					Print Name: _____ Signature: _____	
					Print Name: _____ Signature: _____	
					Print Name: _____ Signature: _____	
Total Hours Volunteered (State in hours and minutes not fractions)						



STUDENT VOLUNTEER SERVICE APPLICATION AND APPROVAL FORM

To be completed by student volunteer - PLEASE PRINT OR TYPE

Name: _____ Student Number: _____

Address: _____

Phone: _____ Emergency Phone: _____

Grade Level: _____

Usual Method of Transportation: _____

Student Pledge: *I agree to fulfill the duties and time commitments as listed in the agency job description including training sessions and to provide adequate notice if I am unable to meet my commitments. I also agree to adhere to the roles and procedures of the agency at which I am volunteering.*

Student Signature: _____ Date: _____

PART A

To be completed by agency volunteer coordinator/director or individual supervising the project - PLEASE PRINT OR TYPE

Name of Agency: _____ Company 501.c3 Number: _____

Address: _____

Phone: _____ Operating Hours: _____

Contact Person: _____

Title/position: _____

Days and hours scheduled for the student Volunteer: _____

Brief description of the job(s) to be performed by the student: _____

Certificate of Insurance on file: _____

Contact Person Signature: _____ Date: _____

PART B

To be completed by parent/guardian - PLEASE PRINT OR TYPE

I give permission for _____ to serve as a volunteer for the agency/project indicated above on the stated days and for the stated hours.

I understand that he/she will be making a valuable and needed contribution to our community. I also understand that he/she will not receive monetary compensation for his/her services.

We have accident insurance with _____ (name of insurance company) which will cover my son/daughter/ward in the event of injury while engaging in this activity. I will assume responsibility for expenses incurred as the result of any injury my son/daughter might suffer while participating in this activity. If a change occurs in the policy, it is my responsibility to notify the school's principal or Student Volunteer Service Program coordinator.

Parent/Guardian Signature: _____ Date: _____

PART C

To be completed by Student Volunteer Service Program Coordinator - PLEASE PRINT OR TYPE

For hours to be awarded in an attempt to meet the Service Learning Graduation Requirement or to earn a Silver Cord the Application and Approval Form must be completed and submitted to the school's Student Volunteer Service Program Coordinator. It is best if this is done prior to starting the activity described in Part B.

Student Volunteer Service Program Coordinator Signature: _____

Date Received: _____ Date Approved: _____

PART D