

STUDENT VOLUNTEER HOURS LOG

Student Name: _____

Student ID: _____

Academic Year: 20____ / 20____

Grade Level: _____

DATE	ORGANIZATION	ACTIVITY DESCRIPTION	HOURS	SUPERVISOR SIG.
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DATE	ORGANIZATION	ACTIVITY DESCRIPTION	HOURS	SUPERVISOR SIG.
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TOTAL CUMULATIVE HOURS: _____

Verification of hours is subject to school administration approval.