

# High School Volunteer Hours Report Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date(s) of Service \_\_\_\_\_ Hours Served \_\_\_\_\_

Place of Service \_\_\_\_\_

Name of Supervisor (printed) \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Brief description of service performed: (include what you did, whose needs were met, and if it made an impact on your life)

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Please return completed form to the Secondary Office. Information may be emailed *by the Supervisor only* to [lstlouis@soundchristianacademy.org](mailto:lstlouis@soundchristianacademy.org).

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