

Student Volunteer Service Program

Student Name: _____ **Student ID Number** _____

Name of Organization: _____

Telephone Number: _____

Name of Organization Contact: _____

Please Note:

1. Submitting this log sheet to the Director of Student Life does not mean the hours indicated will be automatically applied. All volunteer hours are subject to verification.
2. Students should approve the organization with the Director of Student Life prior to the volunteer hours.
3. Students should make a copy of this for before it is submitted and keep that copy for their records.

Date	Activity/Task Performed	Time In	Time Out	Total Hours Worked	Contact Person's Signature
Total Hours Volunteered in hours and minutes					