West-MEC

Volunteerism Activity Form: National Technical Honor Society

Printed Student Name: _____ Cell: _____

Program: EMT __ Fire Science ___ Culinary ___

DATE OF SERVICE	# OF HOURS	ORGANIZATION'S NAME	DESCRIPTION OF VOLUNTEER ACTIVITY	TEACHER/ADULT SUPERVISOR'S PRINTED NAME & EMAIL OR PHONE	SUPERVISOR'S SIGNATURE

STUDENT'S AFFIRMATION:

By signing below, I affirm that the information provided on this form is true and accurate to the best of my knowledge. I also affirm that I did not receive any type of payment or reward for my act of service and that the service hours completed are in accordance with the definition of volunteerism.

Student's Signature: _____ Date: _____