

Swansboro High School

Volunteer/Community Service Hours Collection form

students can document no more than 4 hours on a school day or 8 hours on a non-school day
 Please make a copy for your files before submitting

Student: _____ Grade _____ Graduation Year _____ School Year _____ / _____

Please supply the following information as verification that the above named student has performed community service for your agency.

Agency: _____

Phone Number: _____

Type of Work Performed by Student: _____

Location of Work Performed by Student: _____

Date→ Month ↓	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	
Jan																																	
Feb																																	
Mar																																	
April																																	
May																																	
June																																	
July																																	
Aug																																	
Sept																																	
Oct																																	
Nov																																	
Dec																																	

Print Name of agency representative

Telephone Number

Signature of agency representative

Date Verified