

HVHS Volunteer Log

Student Name: _____ Date: _____ Grade: _____ Graduation Year: _____

Name of Agency: _____

Address: _____

Services Provided: _____

Name of Supervising Person (Printed): _____

Signature of Supervising Person: _____

Position of Supervising Person: _____

Please list all dates of service and number of hours worked for each date in the space provided below.

Date	Hours Worked

Total Hours Worked: _____