Mount Greylock Regional School
1781 Cold Spring Road
Williamstown, MA 01267
Tel: (413) 458-9582 Fax: (413) 458-2856

MOUNT GREYLOCK SERVICE/VOLUNTEER HOURS

Name of Student: _____ Graduation Year: _____

Date(s)	Activity Information	Supervisor Verification *(Supervisor cannot be a relative)*	# Hours
	Type of Service:	Name:	
	Location:	Signature:	
		Title:	
	Type of Service:	Name:	
	Location:	Signature:	
		Title:	
	Type of Service:	Name:	
	Location:	Signature:	
		Title:	
	Type of Service:	Name:	
	Location:	Signature:	
		Title:	
	Type of Service:	Name:	
	Location:	Signature:	
		Title:	
	Type of Service:	Name:	
	Location:	Signature:	
		Title:	

***Both the name and signature of a non-relative supervisor is required for each activity.*

TOTAL HOURS _____

I certify that the above information is accurate.

Student Signature: _____ Date: _____