

Middle School Service Hours Form

Please use one form per volunteer location

Student Name: _____

Parent Signature: _____

Name of Organization: _____

Organization Phone Number: _____

Supervisor: _____

Supervisor Email: _____

Description of tasks performed: _____

Student reflection: _____

Dates and hours served (please include month, day and year)

If you volunteer for more than 5 days please track additional days on back of form

Paperwork needs to be turned in during the semester in which the hours are performed.

Date:	Start Time	End Time	Hours	Supervisor Signature

Students are not allowed to count volunteer hours if done during scheduled school days.

Total Hours: _____ Supervisor Signature: _____

Supervisor Comments: _____

Complete all of the information above prior to turning in form to Mrs. Amy Paul, Service Learning Coordinator.

This Community Service Opportunity was approved by: _____

Approval Date: _____ Return Date: _____

For Service-Learning office use only