

Volunteer Project Slip

for

January-December 2010

Name _____ Home Phone _____

(Please print)

Address _____

Date of Service Project: _____ Grade _____

Description of Service Project: _____

For on-going, continuous volunteer work, use the chart on the back to log your hours.

Address or Work Site of Project _____

Name of Supervisor or Person for Whom Project is Being Performed

_____ Phone _____

Total Number of Hours Volunteered for this Project: _____

The statements above are a complete and accurate description of my community service volunteer project.

Date: _____

Signature of Student

I hereby acknowledge that the above volunteer project was performed for my agency or me by the student above mentioned:

Date: _____

Signature of Supervisor: Person Receiving the
Volunteer Service /Community Member Who
Witnessed Your Work

Comments:

****Completed forms need to be turned in at the Malcolm School Counseling Office.**

Rev. 1/10