

# 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: \_\_\_\_\_

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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