

Volunteer Service Program

Living Word Lutheran High School

Print Student Name _____

Class of _____

Please note:

1. All volunteer hours are subject to verification.
2. Students should make a copy of this form before it is submitted to keep for their records.

Date	Group or Organization you volunteered for	Activity or task performed	Start time	End time	Total hours	Contact Person's Signature	Contact Person's Phone Number or Email

Apply Hours to: (Select one if it applies) NHS_____ Other_____

Return this form to Mrs. Hua in Room 101. You can also pick up additional forms there as well.