



DeLaura Middle School Volunteer/Service Learning Log

Name: _____ Home Phone: _____

Home Address: _____ Zip: _____

Grade Level _____ Homeroom Teacher _____ Club _____ Sponsor _____

Record of Hours

This section is to be filled in each time service is completed and verified by the Agency/Club supervisor.

| DATE | POSITION HELD | HOURS SERVED | AGENCY/CLUB | TITLE & SIGNATURE OF SUPERVISOR |
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It is the student's responsibility to maintain the verification of volunteer/service learning hour's form and to submit a copy to the club sponsor, homeroom teacher or the guidance office at the end of each semester or date designated by the sponsor/teacher.

I verify that this log is a true and accurate record of my voluntary service learning.

Student's Signature: _____ Date Submitted: _____

Submitted to : _____