

## VOLUNTEER COMMUNITY SERVICE DOCUMENTATION FORM

This is to certify that \_\_\_\_\_ from

Student Name

\_\_\_\_\_, Class of \_\_\_\_\_ has performed volunteer service

on Name of School

the date(s) and location(s) listed below.

Name of Organization/Non-Profit/Event: Glenn Football Booster Club

Date of the Event	Time In	Time Out	Total Hours Per Day

Specific Duties/Services Performed:

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Supervisor Name (Please Print) \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Address (if different from above)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: \_\_\_\_\_