BHS PTSA Wolverine Guard Award for Community Service

TIME LOG FORM

STUDENT NAME: _____

CLASS OF: _____ STUDENT ID NUMBER: _____

COMMUNITY SERVICE INFORMATION

ORGANIZATION: _____

ADDRESS: _____ _____

VOLUNTEER COORDINATOR NAME: _____

PHONE: _____EMAIL: _____

DATE MM/DD/YYYY	TIME HH:MM-HH:MM	RESPONSIBILITIES/DUTIES	HOURS
TOTAL HOURS VOLUNTEERED AT THIS ORGANIZATION:			

STUDENT SIGNATURE: _____DATE: _____

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____DATE: _____

By signing below, the volunteer coordinator certifies that the above student performed the indicated number of hours in a spirit of community service and without monetary compensation.

VOLUNTEER COORDINATOR SIGNATURE: _____DATE: _____

Revised June 2021