THE STEAD SCHOOL

L.C. Fulenwider Campus

Name _____ Graduation year_____ Hive _____

Supervisor Information (Rachel will call them to confirm and to develop relationship):

Name:

Organization:

Email:

Phone:

Volunteer and Work-Based Learning Hours Log

Date	Description of Activity	Hours Worked	Signature of Supervisor

THE STEAD SCHOOL

L.C. Fulenwider Campus

Name	Graduation year	Hive	

THE STEAD SCHOOL

L.C. Fulenwider Campus

Name	Graduation year	Hive	