Name:_____

Richard McKenna Charter High School

Volunteer Service Completion Form

To be used to receive credit from volunteer service organizations, clubs, or teams. Please fill out one form per each organization, club, or team that you complete your volunteer service. A form of contact must be filled out or the form will be void.

Date:_____ Session:_____ Name of

Organization/Agency:

_____ Name of

Supervisor:_____

_____ Address of

Organization/Agency:_____

_____ Phone Number of

Organization/Agency:_____

Email of Organization/Agency

Contact:_____ **Students fill out this portion.**

Brief Description of volunteer service performed and how it was a benefit to the community.

_____

_____

_____

_____

_____

_____

_____

_____

Number of Hours Performed:_____ Are you or the organization being paid? Y N Signature of Organization Representative:_____

For RMCHS Front Office Use:

Coordinator Approved:_____ Date:_____