

VOLUNTEER SERVICE PROGRAM

West Bend High Schools

Student Name: _____ **School: E or W** **Class of:** _____

Please Note:

1. All volunteer hours are subject to verification.
2. Students should **make a copy** of this form before it is submitted and keep that copy for their records. All volunteer hours are subject to verification. All volunteer hours will be logged towards the 100+ hour designation.

| Date | Group or Organization you volunteered for | Activity or Task Performed | Start Time | End Time | Total Hours Worked | Contact Person's Signature | Telephone Number |
|------|---|----------------------------|------------|----------|--------------------|----------------------------|------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Apply Hours to (Select **one** if it applies) NHS: _____ KEY CLUB: _____ 100+HOURS: _____ OTHER: _____

Return this form to the College and Career Center. You can also pick up additional forms there, as well.