VOLUNTEER SERVICE PROGRAM

West Bend High Schools Community Volunteer Program

Student Name		E or W Class of
Date you volunteered (mm/dd/yyyy)		Total number of hours
Who did you volunteer for (gro	up or organization)?	
What was the community servio	ce you did?	
Supervisor Signature	Phone Number	Date

Return this form to the College and Career Center. You may pick up additional forms there. Students should make a copy of this form before it is submitted for their records. All volunteer hours are subject to verification and will be logged towards 100+ hour designation. If you would like a report of your volunteer hours, you can request that in the College and Career Center.

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