CONFIRMATION SERVICE HOURS

Student Name_____ **Grade**_____ **Phone#**_____

Date	What Type of Work did You Do?	# Hours Worked	Organization Where You Volunteered	Name, Signature & Phone Number of Adult Who Supervised your Volunteer Service at That Organization	
				Printed Name And Signature	Phone Number

TOTAL HOURS_____

You'll need to obtain a signature every time you volunteer. Make a copy of this form for your records and turn in the original signed version to you CCD teacher!