

Volunteer Log Sheet

Student Contact Phone Number: Supervisor's Name: Supervisor's Nam			HSA students can volunteer with charities, churches, faithbased organizations, nonprofit organizations and medical	*HSA students can volunteer with charities, church based organizations, nonprofit organizations and	dents can vok	*HSA stud	its entirety lunteering at	2. Please remember to complete a line in its entirety for each volunteer opportunity even if volunteering at	2. Please for each
Phone Number: section when recording volunteer hours. Date Start Time End Time Total # of Hours Supervisor's Name ### 12:00 PM 12:00 PM 3 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 12:00 PM 4 Minnie Mouse 4 Minnie Mou							cronyms,	it use pink or red ink; Do not use a	1. Do no
School: Interpretation Supervisor's Name Supervisor's Name		ell before the deadline.	bmit volunteer logs wo	encouraged to su	ire strongly e	Students a		et Reminders:	Log She
School: School Supervisor's Name Supervisor's Name Supervisor's Name Supervisor's Name Supervisor's Name Supervisor's Name Signature is required in example Signature is req	n the Academy.	April 1, 2025 @ 5:00 p.m. to remain i ool year requirement for future years	se hours prior to Tues., are applied to the scho	ir and submit the ol year, the hours	er school yea ours in a scho	inteer work p ere than 25 ho	5 hours of volu	Students must complete 2:	
School: End Time Total # of Hours Supervisor's Name 12:00 PM 3 Minnie Mouse S form	my@pitt.k12.nc.us	email to: healthsciencesacade	5.	Medical Center ese hours to us	CU Health No submit the n: 10-03-24	ogram @ EC not need to urs to us or	lunTEEN Pro Program do I ill report ho	Students in the Vo and/or Teen Court F These agencies w	
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School: Grade:	Contact Phone #	Supervisor's Signature	Supervisor's Name	Total # of Hours	End Time	Start Time	Date	Name of Agency*	Medical
t Phone Number: School: Grade:	:	a signature is required in each block		:		nteer hours.	cording volu	complete each section when re	Please o
School: Grade:							er:	nt Contact Phone Numbe	Stude
	ear: <u>2024-2025</u>			School:		į		nt Name:	Stude

the same agency multiple times.

based organizations, nonprofit organizations and medical offices where direct patient care is administered.

HSA Office Use Only: HC_

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Total_