HEALTH SCIENCES ACADEMY

Volunteer Log Sheet

Student Name: _____ School:_____ Grade: _____ School Year: _____

Student Contact Phone Number: _____

a signature is required in each block

Medical	Name of Agency	Date	Start Time	End Time	Total # of Hours	Supervisor's Name	Supervisor's Signature	Contact Phone

Total hours completed on this form

Return this completed log to the Academy office:
Fax Number (252) 830-4270 or
mail to Health Sciences Academy, 1019 Fleming Street, Greenville, NC 27834, or take a **clear** picture and email to healthsciencesacademy@pitt.k12.nc.us

Students in the VolunTEEN Program @ Vidant Medical Center and/or Teen Court Program do not need to submit these hours to us. These agencies will report hours to us on: 9-04-18, 1-04-19, and 4-02-19.

Students must complete 25 hours of volunteer work per school year and submit these hours prior to April 1, 2019 @ 5:00 p.m. to remain in the Academy.

If a student completes more than 25 hours, the hours are applied to future years.

Log Sheet Reminders:

Do not use pink or red ink; Do not use acronyms, " " or "ditto" when completing this form.

HSA Office Use Only: HC_____ Vol_____ Total_____