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 in person to the Academy office at 1058 Moye Blvd, Greenville, NC 27834 OR 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: 10-02-20 and 4-02-21

Students must complete 25 hours of volunteer work per school year and submit these hours prior to April 1, 2020 @ 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_____