Volunteer Log Sheet

00	HEALTH
8	SCIENCES
6	ACADEMY

Stude	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 Signat	ure C	Contact Phone
	Total hou	ırs comple	ted on this	s form			Return this complete	ed log in person to	the Academy
Ĭ	Students in the VolunTEEN Program @ Vidant Medic						office at 1058 Moye Blvd, Greenville, NC 2		

and/or Teen Court Program do not need to submit these hours to us. These agencies will report hours to us on: 10-04-22 and 4-04-23

Students must complete 25 hours of volunteer work per school year and submit these hours prior to Mon., April 3, 2023 @ 5:00 p.m. to remain in the Academy. If a student completes more than 25 hours in a school year, the hours are applied to the school year requirement for 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	_