



Volunteer Log Sheet

Student Name: _____ School: _____ Grade: _____ School Year: 2025-2026

Student Contact Phone Number: _____

Please complete each section when recording volunteer hours.

							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 #
	<i>Example: ABC Library</i>	<i>6/1/2025</i>	<i>8:00 AM</i>	<i>12:00 PM</i>	<i>4</i>	<i>John Doe</i>	<i>John Doe</i>	<i>252-758-0023</i>
							Signature Needed	
							Signature Needed	
							Signature Needed	
							Signature Needed	
							Signature Needed	
							Signature Needed	
							Signature Needed	
							Signature Needed	
							Signature Needed	
							Signature Needed	

Total hours completed on this form

Students in the VolunTEEN Program @ ECU Health Medical Center and/or Teen Court Program do not need to submit these hours to us. These agencies will report hours to us on: 10-01-25 and 4-01-26

***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 must complete 25 hours of volunteer work per school year and submit these hours prior to Wed., April 1, 2026 @ 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:

1. Do not use pink or red ink, acronyms, " " or "ditto", or draw arrows when completing this form.
2. Please remember to complete a line in its entirety for each volunteer opportunity even if volunteering at the same agency multiple times.

Students are strongly encouraged to submit volunteer logs well before the deadline.

*HSA students can volunteer with charities, churches, faith-based organizations, nonprofit organizations and medical offices where direct patient care is administered.

HSA Office Use Only: HC _____ Vol _____ Total _____