



# Volunteer Log Sheet

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: 2024-2025

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>6/1/2024</i>	<i>9:00 AM</i>	<i>12:00 PM</i>	<i>3</i>	<i>Minnie Mouse</i>	<i>Minnie Mouse</i>	<i>252-758-0001</i>
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**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](mailto:healthsciencesacademy@pitt.k12.nc.us)**

**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: 10-03-24 and 4-01-25**

**Students must complete 25 hours of volunteer work per school year and submit these hours prior to Tues., April 1, 2025 @ 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.**

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

**Log Sheet Reminders:**

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

\*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 \_\_\_\_\_