

Student Name: \_\_\_\_\_

ID #: \_\_\_\_\_ Grad Year: \_\_\_\_\_

St. Cloud High School



### Volunteer Hours

Date:	Organization:	Service Provided:	Hours:	Sponsor Signature:

- Turn this completed form into your guidance counselor. Community service hours must be submitted within the same year they were completed.
- If you volunteer at an outside agency/organization your hours must be put on their letter head and turned into your counselor.

**For Office Use Only:**

Guidance Counselor Approval: \_\_\_\_\_

Date Entered Into the Computer: \_\_\_\_\_

Initials of Data Entry Person: \_\_\_\_\_

Hours Before: _____
Hours Added: _____
Total Hours: _____