

# Wadsworth City Schools Senior Volunteer Program - List of Hours

Student's Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Date of Service: _____	Total Hours: _____
(Must be a minimum of 1 hour)	
Volunteer Site or Event: _____	
Service Performed: _____	
Authorized Signature: _____	
Phone Number: _____	
Date of Service: _____	Total Hours: _____
(Must be a minimum of 1 hour)	
Volunteer Site or Event: _____	
Service Performed: _____	
Authorized Signature: _____	
Phone Number: _____	
Date of Service: _____	Total Hours: _____
(Must be a minimum of 1 hour)	
Volunteer Site or Event: _____	
Service Performed: _____	
Authorized Signature: _____	
Phone Number: _____	
Date of Service: _____	Total Hours: _____
(Must be a minimum of 1 hour)	
Volunteer Site or Event: _____	
Service Performed: _____	
Authorized Signature: _____	
Phone Number: _____	

Total hours for all volunteer work: \_\_\_\_\_