Vinton-Shellsburg HS Volunteer Learning Confirmation Form

Grade: _____ Student Name: _____

Where do you want your volunteer hours to be logged?
CIRCLE ONE:

Advisor: _____

COMPUTER **BLACK N GOLD**

Grad. Year: _____

By signing this form I am testifying to the amount of time the student below volunteered for the event/organization listed below on the date listed below. I also understand that personal confirmation may occur in the form of written correspondence (via email or U.S. Mail) or by phone.

Name of Student Volunteer: _____

Name of Event or Organization Student Volunteered for: _____

Date(s) Student Volunteered: _____

Times Student Volunteered: _____

Number of Hours volunteered by Student: _____

Type of Work Performed: _____

Signature of Supervisor: _____

Printed Name of Supervisor: _____

Organization Name: _____

Phone: _____ Email: _____

Vinton-Shellsburg High School would like to thank you for your cooperation in allowing our students to help and learn from you.

Vinton-Shellsburg High School
210 West 21st St
Vinton IA 52349

Long Term Volunteer Work Record Sheet:

Date:	Place of Service:	Times:	Total Hours:	Supervisors Signature
Example: 2/1/21	*Light the Night*	*3-5pm*	*2*	