



TEAL CARES



WOLVERINE COMMUNITY SERVICE PROGRAM -- VOLUNTEER HOURS LOG

Name: _____ Grade: _____

Email: _____

I certify that I have truthfully completed these community service hours and this form.

Student Signature: _____ Date: _____

I certify that my child has accurately completed this form.

I certify that all volunteer hours were completed with my knowledge and permission at our own risk and liability.

I give permission for my child's name, photo and/or quote to appear on the ANHS PTSA website & Facebook page.

Parent/Guardian Signature and Email. _____ Date: _____

Date	Organization/Event	Contact Name & Phone	Initials	Hours

Total Hours: _____

Volunteering was a valuable experience for me because I [learned/enjoyed/realized] _____