



Richard A. Henson Honors Program
VOLUNTEER COMMUNITY SERVICE FORM

Please Print Clearly. Late forms will not be accepted.

To be completed by Student

I, _____, contributed _____ volunteer hours to
(NAME) (Number)

_____ on _____ between
(Name of Event or Organization) (Date[s])

_____ and _____ Student Signature: _____
AM AM
PM and PM
(beginning time) (ending time)

To be completed by the Service Site Supervisor

Contact Person(s): _____

Telephone Number: _____ E-Mail: _____

Briefly describe the volunteer's activities: _____

I attest that the above-named student contributed volunteer service hours as detailed herein.

Supervisor's Signature: _____ **Date:** _____

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