

St. John the Baptist Middle School Volunteer Hours

Form must be turned in before May 15 to the SCHOOL OFFICE.

Student's Name _____
(Print First and Last Name) Grade _____

Name of organization and location where you did volunteer hours:

(Organization) _____
(City)

Date: _____ Time: _____ Total Hours: _____

Description of activity: _____

Supervisor Information:

Printed Name: _____ Position: _____

Signature: _____ Email/Phone: _____

Name of organization and location where you did volunteer hours:

(Organization) _____
(City)

Date: _____ Time: _____ Total Hours: _____

Description of activity: _____

Supervisor Information:

Printed Name: _____ Position: _____

Signature: _____ Email/Phone: _____