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Hillsborough County
PUBLIC SCHOOLS Preparing Students for Life

Volunteer Service Hours Log Form

For Bright Futures

For office use only

Hours received _____ Date____

Hours entered by_____

Total hours earned to date_____

Student Name	_Graduation Year		
<u> </u>			
Student Number	High School	Total Hours	

It is the responsibility of the student to keep an accurate record of the actual hours volunteered. A parent/guardian cannot serve as the volunteer agency contact. Please do not include any paid work hours on this form. All volunteer hour documentation MUST be submitted by your school's graduation date. Any volunteer hours submitted after graduation, even if earned prior to graduation, will not be accepted.

Date	Start/End Time of Activity	Hours Volunteered	Volunteer Service Location	Organization Phone #	Signature of Volunteer Organization Contact
					Print
					Sign
					Print
					Sign
					Print
					Sign
					Print
					Sign
					Print
					Sign
					Print
					Sign
					Print
					Sign
ease de	scribe below what y	ou have learne	ed from your volunteer ser	vice experience.	

I agree that I have completed the above hours.

Student Signature	Date	_
Parent Signature	Date	
High School Community Service Contact Signature	Date	_