2025-2026



Anoka-Hennepin School District Blaine High School Verification of Volunteer Hours

	,
_	Student II
_	Grade: _
_	Graduatio
	Grade: _

											Graduati	on Year: 20	
Student Name & ID #:													
Where would you like the credit for this volunteer service to be listed? (CHOOSE ONLY ONE) Class: Teacher Tri Period											Teacher recorded Logged by YS		
 □ Bengals In Action - BHS Youth Service Club □ Not part of a school club, group, or class *Do not use this form for the National Honor Society; please use their form only. 							;		Other club	'ID, Teacher: her club, group, team (please indicate me)			
☐ ☐ Organi	Throug On my zation N	h the Yo	outh Serv	ice Pro	on your c	BHS (ie, own do r	Sign-up	nt foi	r NHS or B	IA)		assroom, etc.)	
Supervisor's Name (contact person): Supervisor's Phone: Email: Record hours here (please only list hours for one organization):													
lonth	Date	Year	# Hours		Agency	Signatur	е			Student S	ignature		
Total Hours Volunteer Service Reflection 1. How much did you learn about yourself and/or those being served during this volunteer opportunity?													
	1	2	3	4	5 .	6	7	8	9	10			
		id your i	involvem		mewhat this volur	nteer op	portuni	ity ha	ave a posit	A lot ive impact (on you a	nd/or those being	
	1	2	3	4	5	6	7	8	9	10			
Not	at all			So	mewhat					A lot			
	likely is 1 at all	it that y 2	ou would 3	4	mmend th 5 mewhat	nis volur 6	nteer op 7	port 8	unity to ot 9	hers? 10 A lot			