



2019-2020
Anoka-Hennepin School District
Blaine High School Verification of Volunteer Hours

Student Name: _____

Where do you want the credit for this volunteer service? (CHOOSE ONLY ONE)

- Government Class: Teacher _____ Tri _____ Period _____
- National Honor Society
- LEO Club
- Not part of a school club, group, team, class
- AVID
- Other club, group, team (please indicate name) _____

Record hours here:

Month	Date	Year	# Hours	Organization	Agency Signature
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
Not at all			Somewhat				A lot		

2. How much impact do you feel your involvement had on those being served?

1	2	3	4	5	6	7	8	9	10
Not at all			Somewhat				A lot		

_____ Student Signature
 _____ Student ID #
 _____ Grade
 20____ Grad Year