



2017-2018

Andover High School

Verification of Volunteer Hours
Anoka-Hennepin School District

ALL STUDENTS:

Student ID # _____

Grade: _____

Graduation Year: 20_____

Student Information

Name: _____

Government Class: Teacher _____ Tri _____ Period _____

Group/Club/Sport Name: _____

What did your volunteer responsibilities consist of? _____

Organization Information

Organization Name (place of volunteer experience): _____

Supervisor's Name (contact person): _____

Supervisor's Phone: _____ Email: _____

Record hours here:

Table with 6 columns: Month, Date, Year, # Hours, Agency Signature, Student Signature. Multiple empty rows for data entry.

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 did your involvement in this volunteer opportunity have a positive impact on you and/or those being served?

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

3. How likely is it that you would recommend this volunteer opportunity to others?

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

Recorded by Teacher: _____
Recorded by YSC: _____