2018-19

Anoka-Hennepin School District

# Anoka High School

# Verification of Volunteer Hours

**ALL STUDENTS:**

**Student ID #**_____

**Grade:** _____

**Graduation Year: 20**_____

Student Name: _____

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

Teacher recorded _____

Logged by YS _____

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

How did you learn about and/or sign up for this opportunity?

- ❏ Through the Youth Service Program at school (ie Sign-up Genius, bulletin board, Y.S. web page, etc.)
- ❏ On my own (events arranged on your own do not count for NHS or Key Club)

Organization Name: _____

Summary of Duties: _____

Supervisor's Name (contact person): _____

Supervisor's Phone: _____ Email: _____

## Record hours here (one organization per sheet):

| Month | Date | Year | # Hours | Agency Signature | Student 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 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