



2019-2020

Anoka-Hennepin School District - Champlin Park 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) _____

Organization Name: _____

Summary of Duties: _____

Supervisor Name (contact person): _____

Supervisor Contact information (phone or email) _____

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