2018-2019

Anoka-Hennepin School District

Champlin Park High School

Verification of Volunteer Hours

ALL STUDENTS:

Student ID #_____

Grade: _____

Graduation Year: 20_____

Teacher recorded _____

Logged by YS _____

Student Name: _____

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

- ❑ Civics/US Gov't & Politics Class: Teacher _____ Tri _____ Period _____
- ❑ LEO Club
- ❑ Not part of a school club, group, team, class
- ⏯ 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 (Youth Service web page)
- ❑ On my own

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