



2024-2025

Anoka-Hennepin School District

Champlin Park High School

Verification of Volunteer Hours

Student Name: _____ Gr _____

Government/Civics Class: Teacher _____ Tri _____ Period _____

Organization Name: _____

Summary of Duties: _____

Supervisor Name (contact person): _____

Supervisor Contact information (phone or email) _____

Record hours here:

Month	Date	Year	# Hours	Agency Signature
Total Hours				

Student Signature _____ Student ID # _____