Anoka-Hennepin School District

Coon Rapids 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
- ❏ LEO 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)

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 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

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