



2016-2017
Coon Rapids High School
 Verification of Volunteer Hours

Anoka-Hennepin School District

ALL STUDENTS:
Student ID # _____
Grade: _____
Graduation Year: 20_____

Student Information

Name: _____

Government Class: Teacher _____ Tri _____ Period _____

Group/Club/Sport Name: _____

What did your volunteer responsibilities consist of? _____

Organization Information

Organization Name (place of volunteer experience): _____

Supervisor's Name (contact person): _____

Supervisor's Phone: _____ Email: _____

Volunteer Service Reflection

1. What community need(s) did you address with your volunteer service?

2. List two things you learned about yourself and the impact this volunteer experience had on you.

3. Did you enjoy this volunteer experience?

4. Based on this experience, would you continue to volunteer?

1 2 3 4 5 6 7 8 9 10

Yes

No

Record hours here:

Month	Date	Year	# Hours	Student Signature	Agency Signature

Total Hours Completed: _____

Student Signature (by signing you a saying you completed the hours stated above): _____

Recorded by Teacher: _____
Recorded by YSC: _____