



Anoka-Hennepin School District

Verification of Volunteer Hours

ALL STUDENTS:

Student ID # _____

Grade: _____

Graduation Year: 20_____

Instructions for completing the form: Form must be filled out completely by the student and signed by the agency contact before it will be processed. Remember to fill in student ID, grade and graduation year in the box above. Answer reflection questions (see reverse side). Return completed forms to the Youth Service Coordinator at your school. Incomplete forms will be returned and may be resubmitted when complete.

Student Information

Name: _____ School: _____

Service Affiliation (choose only one): Government Class: Teacher _____ Tri _____ Hour _____

Group/Club: NHS, IB, Student Council, etc. _____ None

What did your volunteer responsibilities consist of? _____

Agency Information

Agency Name (place of volunteer experience): _____

Agency Address: _____

Supervisor's Name (contact person): _____

Supervisor's Phone: _____ Email: _____

The student named above has completed _____ hours of volunteer service.

Signature of Agency Contact (**CANNOT BE PARENT OR STUDENT**)

Signature of Student

What Counts!

- Volunteering during non-school hours
- Opportunities posted by the Youth Service Coordinator at your school
- Volunteering with a non-profit organization

What DOES NOT Count!

- Any activity during class time; assisting a teacher, working in the school office, etc.
- Helping immediate and extended family
- Fundraising/soliciting donations for a team or activity
- Participation in extra-curricular activities such as a sport, theater, etc.
- Meetings/training that prepares you for volunteering
- Assisting with projects at your own home

Use the grid below to record each time you volunteer at the agency listed on this sheet.

Month	Date	Year	# Hours

Total Hours: _____

Volunteer Service Reflection

Answer the following questions thoughtfully; single word answers are not acceptable.

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.

4. Did you enjoy this volunteer experience?

1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat					Very much

5. Based on this experience, are you motivated to continue volunteering in your community?

1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat					Very much

Questions?

Any questions can be brought to your school's Youth Service Coordinator, Mr. Chapman at:

phone:763-506-7112 email:nathan.chapman@anoka.k12.mn.us