



Student Name: _____

Graduating Year: _____

Name of Organization: _____

Name of Supervisor at Organization: _____

Describe what you did while
volunteering:

DATE: _____

Hours and Times: _____

Supervisor Signature: _____

Name of Organization: _____

Name of Supervisor at Organization: _____

Describe what you did while
volunteering:

DATE: _____

Hours and Times: _____

Supervisor Signature: _____

Name of Organization: _____

Name of Supervisor at Organization: _____

Describe what you did while
volunteering:

DATE: _____

Hours and Times: _____

Supervisor Signature: _____

Name of Organization: _____

Name of Supervisor at Organization: _____

Describe what you did while
volunteering:

DATE: _____

Hours and Times: _____

Supervisor Signature: _____

Please complete all sections of this form. If needed, additional times/hours can be listed on the back. Email DeVanK@maryvale.com with any questions.