		Volunteer Hours Log	
Student		I.D. #	
School			Date
Name of Agency		Supervisor	
Date(s) of Service	Hours Served	Activities on this Date	Signature of Contact Person
	43		933
	7-3-		
		LADDILA	
	1 53		
Total Hours		Student signature	
For Office Use: Counselor/Approval	A DA'	Date	Data entry completed