Graduating year _____

Portage Central High School
Volunteer Service Form

Name (printed)	Circle current grade 9th 10th 11th 12th
Date of activity (include year)	# of hours

Service hours must be completed with a charitable organization (Hours completed with an individual or business cannot be accepted.) Service hours also can only be authorized by an **adult** who is directly affiliated with the activity and who is **not** a **relative**.

Authorizing persons:

Printed name	
Signature	
Email and/or phone number	
Organization or affiliation (if applicable)	

Activity name:_____
Description:

I acknowledge that I did not receive payment or a grade for completing these hours, and I was not involved in evangelizing.

Volunteer's signature _____

This form must be submitted to Mr. Brown in room 1133 no later than **two (2) weeks** following the completion of these service hours.

Graduating year _____

If you participate in an activity that is ongoing, you must keep this log sheet of the dates and times when you volunteer and have an authorizing person initial **every entry** or it will not be counted.

Date	**Duration (hours)**	**Authorizing persons initials**