Town of Hilton Head Island

Mayor's Youth Volunteer Service Award

Record of Volunteer Service Form

Youth Name: ____
(Please Print)

Grade: __________ **M/F:** _____ **Youth School:** ______________________________

Parent E-Mail: __________________________ **Student E-Mail:** ________________________

Date	Agency Name	Activity Performed	Hours Served	Agency Signature

Volunteer Hours This Page:	
Volunteer Hours From Attached Page(s):	
Total Hours Volunteered:	

Student Signature: ____

____ ____________________

Community Service Coordinator Signature **Date**