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| Student Name | ID Number | Graduation Year |
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| School | Name of Health Teacher or Service Learning Coordinator |
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|---------------------------------------|---------------------------|
| Name of Nonprofit Organization | Site Supervisors Name (s) |
|---------------------------------------|---------------------------|

Address of **Nonprofit** Organization

Phone Number _____

Hours must be completed at a **Nonprofit Organization**, you cannot volunteer for your family, and your hours cannot benefit a team, band, or choir that you are a member of. If you are unsure if the hours will count check with your Health Teacher or College/Career Center for approval. Incomplete, inaccurate, unverified, or fraudulent forms will be returned to the student without credit.

[illegible]

Total Hours _____