COMMUNITY VOLUNTEER SERVICE HOURS TRACKING SHEET

Student Name:_____ **Graduation Yr.:**_____

_____
(School name, address & phone)

Date	No. of Hours	Community Agency and/or Event name	Volunteer duties	Supervisor's Full Name & Phone Number	Supervisor's Signature

- *Hours sheets must be submitted at the end of the month in which the activity occurred.*
- *Hours sheets may not be signed by relatives.*
- *Only hours completed for non-profit organizations qualify as volunteer hours.*

Template prepared by: Volunteer Halton- your volunteer centre
www.volunteerhalton.ca