

Portage Central High School Volunteer Service Form

ALL PORTIONS OF THIS FORM MUST BE FILLED IN **BY THE STUDENT**, EXCEPT THE AUTHORIZING PERSON SECTION!

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

Service hours can only be authorized by an **adult** who is directly affiliated with the activity and who is **not** a **relative**.

Authorizing persons: Please fill in all blanks.

Printed name	
Signature	
Email and/or phone number	
Organization name	
Confirm number of hours	

Activity name: _____

Description:

I acknowledge that I did not receive payment or a grade for completing these hours.

Volunteer's signature _____

This form must be submitted to Mr. LaRoy in Room 1133 no later than 2 weeks following the completion of these service hours.

