

Student Name: _____ Birthdate: (m/d/year) _____

Cell Phone Number: _____

Email Address: _____

**PVSA and SHS Service Award
Record of Service Form**

HOURS SERVED DURING THE AWARD PERIOD **4/16/17- 4/15/18**

DATE	NAME OF ORGANIZATION	DESCRIPTION OF VOLUNTEER WORK	# OF HOURS	SIGNATURE OF SUPERVISOR
TOTAL # HOURS:				

****Note:** A minimum of 25 hours is required to earn the SHS Volunteer Award. This completed form is required for verification. Copy as needed. (See ABC website for more details.) **Make sure you have also set up your profile online using Sanderson's Key Code: CO-JCV-9826W. THIS IS REQUIRED!!**

