Volunteer Log Sheet

5	HEALTH SCIENCES
Co	ACADEMY

Student Name:				School:		Grade:	ear:		
	ident Contact Phon							56661.	
310	ident contact r non	e Number.					a signature is requir	ed in each block	
Medical Name of Agency		Date Start Time		End Time Tota	Total # of Hours	Supervisor's Name	Supervisor's Signature		Contact Phone
-	Total ho	urs comple	tad on this	form					

Students in the VolunTEEN Program @ Vidant Medical Center and/or Teen Court Program do not need to submit these hours to us. These agencies will report hours to us on: 10-2-19 and 4-02-20.

Return this completed log in person to the Academy office: 1058 Moye Blvd. Greenville, NC 27834 OR submit a copy of your log to your HSA counselor at your school.

Students must complete 25 hours of volunteer work per school year and submit these hours prior to April 1, 2020 @ 5:00 p.m. to remain in the Academy.

If a student completes more than 25 hours, the hours are applied to future years.

Log Sheet Reminders:

Do not use pink or red ink; Do not use acronyms,
" " or "ditto" when completing this form.

HSA Office Use Only: HC	Vol	Total	_