

Portage Central High School Volunteer Service Form

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:

Printed name	
Signature	
Email and/or phone number	
Organization or affiliation (if applicable)	

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 Mrs. Laurencig in room 213 no later than 2 weeks following the completion of these service hours.