

Holy Angels H.O.P.E. Club Service Report

Student Volunteer:

Volunteer

Date: _____

Volunteer Time:

From: _____ to _____

Total Hours:

Group or organization you
volunteered at:

Briefly describe the work you did or how you helped:

Supervisor: I agree that this student worked in a non-paid capacity the number of hours listed above.

Supervisor Signature: _____

Date: _____

Phone Number: _____

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