

Purple Honor Cord Service Volunteer Work Documentation Form

Name of Student \_\_\_\_\_

Signature of Student \_\_\_\_\_

Today's Date \_\_\_\_\_ Date (s) of Volunteer Work \_\_\_\_\_

Number of Hours Volunteered \_\_\_\_\_ Organization \_\_\_\_\_  
(must be nonprofit)

Please describe volunteer service:

---

---

---

Adult supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Supervisor's signature \_\_\_\_\_

Please remember:

- \*Please return completed forms to Mrs. MacDavitt in the Counseling Office
- \*During the school year return forms as soon as they are completed.
- \*Continuation of extended work assignments, during a semester, may be accumulated on one sheet.
- \*Keep a copy of all work forms for your records and verification.

---

*for office use only:*

*date received :*

*initial:*

*date logged:*