



Edgerton Public School National Honor Society
Volunteer Hours Form

Name _____ Class of: _____

Activity: _____

Name of Organization: _____

Description of Activity: _____

Date/Times:

Date(s) _____ Time (from __ to __) _____.

Total # of hours completed: _____

I verify that _____ (name of volunteer) participated in the activities on the dates stated above and did not receive compensation in any way for his/her services.

X _____ Date: _____

Signature of Organization Supervisor

Print name: _____ Phone: _____

Additional Comments welcome: