

# SMS FALCONS SERVICE-LEARNING PROGRAM

## Volunteer Hour Log Sheet



Student Name: \_\_\_\_\_

School Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of Organization for which the service is being performed: \_\_\_\_\_

Please Note:

1. Students enrolled in the Montessori Magnet Program at Sunrise Middle School are expected to complete a minimum of five (5) hours per quarter to meet the Service Learning Requirement.
2. Students should get prior approval from their homeroom teacher for the activities they intend to participate in to meet this requirement. Parent/guardian signatures are acceptable to certify that the stated activity was performed/completed.
3. Students should make a copy of this form before it is submitted and keep that copy for their records.

Date	Activity or Task Performed	Time <u>In</u>	Time <u>Out</u>	Total Hours Worked	Contact Person's Signature	Telephone Number
					Print Name: _____ Signature: _____	
					Print Name: _____ Signature: _____	
					Print Name: _____ Signature: _____	
					Print Name: _____ Signature: _____	
Total Hours Volunteered (State in hours and minutes)						