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**Helix Charter High School**

**Service Hour Verification Form**

Helix Charter High School

7323 University Ave.

La Mesa, CA 91942

619-644-1910

*Attach a Supervisor Business Card Here*

(If Site Supervisor has a business card)

If the supervisor does not have a card, attach some type of picture of you at the event.

**STUDENT SECTION**

**Please make sure the following policies are adhered to:**

1. Each section of this form must be completed.
2. The hours documented must only represent the actual time spent volunteering-travel time or sleep time in an overnight setting should not be included. (*A volunteer time log is provided on the back if needed*)
3. Neither the student, nor anyone related to the student, may sign this form.

**Name of Student**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Organization/Agency**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization/Agency Contact Person**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number of Contact Person**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address of Contact Person**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Service Completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) of Service**

 **One Day**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Hours**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Month/Day/Year)*

and/or

**Multiple Days:** *From*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *to* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Hours**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Month/Day/Year) (Month/Day/Year)*

**OPTIONAL EVALUATION OF SERVICE**

**To be filled out by Volunteer Service Supervisor.**

**Please circle and add comments if you wish.**

|  |  |  |
| --- | --- | --- |
| **Trustworthy** | **YES** | **NO** |
| **Respectful** | **YES** | **NO** |
| **Responsible** | **YES** | **NO** |
| **Fair** | **YES** | **NO** |
| **Caring** | **YES** | **NO** |
| **Good Citizenship** | **YES** | **NO** |

**Optional Comments:**

**SUPERVISOR SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **VOLUNTEER TIME LOG** |
| **DATE** | **START TIME** | **END TIME** | **TOTAL TIME** | **SUPERVISOR INITIALS** |
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