



CANTON

PREPARATORY HIGH SCHOOL

Volunteer Hours Form

Student Name: _____ Grade: _____

Total # of Hours Worked: _____ Date(s): _____

Department/Organization: _____

Supervisor Name: _____

Address: _____ City & State: _____

Phone Number: _____

Work Description: _____

I hereby acknowledge the work as described above has been satisfactorily completed and that no monetary remuneration was paid to: _____.

(Student Name)

Supervisor Name/Title: _____

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____