

For office use only
TOTAL GIVE HOURS: _____

GENEVA HIGH SCHOOL - GIVE HOURS RECORD FORM

Student Name: _____ Student ID: _____ Phone: _____

PLEASE COMPLETE THE FOLLOWING CHECKLIST BEFORE COMPLETING THIS FORM

- I have clearly printed all my personal details (above)
- I have read the GIVE HOURS INFORMATION form (found under the students' tab on the GHS website) and have completed this form according to those guidelines
- If applicable, I have attached logs of *all* volunteer hours I do for the same organization on a regular basis (find SUPPLEMENTAL GIVE LOG form under students' tab on the GHS website)
- I have taken a copy of all pages for my records
- I understand that if the form is not completed correctly, it will not be considered and returned to me

SERVICE DATE _____ NUMBER OF SERVICE HOURS _____

ORGANIZATION _____ DESCRIPTION OF SERVICE _____

SUPERVISOR'S NAME _____ PHONE _____

SUPERVISOR'S SIGNATURE _____

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