Osseo ISD 279 Student Volunteer Hours

I currently attend: ☐MGSH ☐OSH ☐PCSH ☐BMS ☐MGMS ☐OMS ☐NVMS ☐OALC

Student Name_____ID#_____ Grade ____ Tri _____ Year _____

Date	Location	Hours	Project	Contact Person Signature	Contact Person Phone #

Reflection of Volunteer Service

Describe what you did for your Volunteer Service_____

In what ways do you feel you helped other people?_____

What did you learn through your volunteer work?_____

What are some ways which your experience could have been improved?_____

_____
Student Signature Date

_____
Volunteer Coordinator Signature Confirmed # of hours

Distribution: White: Volunteer Coordinator
Yellow: Student

VC12 7/17

Return this completed form to the Volunteer Coordinator to be recorded on your transcript.