Volunteer Hours Tracking Form

Student Name (please print legibly): _____

School: _____ Grade: _____

Student Email: _____ Parent Email: _____

Date of Service	Name of Organization	Brief Description of Service	Number of Hours	Supervisor Signature	Supervisor Phone # or Email Address
			Total Hours:		

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Your Volunteer Hours Tracking Form(s) must be submitted to Kim Chapman at kchapman@townofbluffton.com by April 30th. Thank you for your volunteer service in the Bluffton community!

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