

## Vero Beach High School Volunteer Hours Verification

**Student ID Number:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Name (Last, First):** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street Number

Street Name

City

State

Zip Code

\*\*\* Students are eligible for volunteer hours at VBHS beginning the summer before their 9<sup>th</sup> grade year\*\*\*

\*\*\***BE SURE TO MAKE A COPY FOR YOUR RECORDS. GUIDANCE WILL NOT KEEP THESE FORMS PAST THE SCHOOL YEAR DURING WHICH THEY ARE RECEIVED**\*\*\*

Please turn your completed form in to Guidance

Volunteer Start Date	Volunteer End Date	Number of Hours Completed	Activities Performed

**Supervisor/Advisor Name:** \_\_\_\_\_

**Organization Telephone Number:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

Signature

Date

<b>Verified By:</b> _____	<b>Date:</b> _____
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