



Project GIVE: Volunteer Service Record Form

1. Complete the following form for each separate organization and have it signed by an agency representative.
2. Please be advised that only advisors can sign for student organizations.
3. Forms with missing information, not signed or having a photocopied signature will not be accepted.
4. Follow the example in the first row to list the date, time of service and hours earned.
5. Please write legibly.
6. For more information on volunteering, please consult the Volunteer Service page at www.wssu.edu/careers.

Date _____ Semester/Year _____

Student Name _____ Banner ID # _____

Event/ Activity Name _____

Agency/Volunteer Site _____

Agency Address (if not located on campus) _____

Volunteer Supervisor's Name _____ Contact Number _____

Volunteer Service Description _____

Name of Course or Scholarship (if required hours) _____

Service Hours for the Month of _____

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
1-3 to 1-9	1:00p - 4:00p							3
Total Service Hours for the Month								

The signature below certifies that the above service hours were completed by this student for this organization.

Signature of Agency or Organization Official

Date

Note – Students enrolled in courses having service learning/ volunteer service requirement or completing a scholarship requirement must submit the form to their instructor or scholarship supervisor by the established deadline.