



Calvin Christian School - Collegiate Campus Volunteer Hours

Student	Supervising Contact
Name & Grade:	Name:
Event/Activity Date: (mm/dd/yyyy) *If recurring, please describe:	Signature:
Location:	Phone Number and/or Email Address:
Description of Activity/Event:	Comments: (optional)
**Total Time Volunteered (to nearest ½ hour): <div style="background-color: yellow; width: 100px; height: 15px; margin-top: 5px;"></div>	

* Example: "I have helped my church with audio/visual every Sunday for the past year". No need to list every date volunteered.
** Example: Every Sunday for 20 weeks x 1.5 hours/day = 30 hours total



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