## VOLUNTEER SERVICE RECORD

Student Name:			Student Number:			
School Name:	Charlotte Virtual School		School Yea	nr: Grade I	Grade Level:	
Date	Total Hours Worked	Activity of Task Performed		Sponsor Signature and/or Organization Contact	Telephone #	
Total Hours:						
Student Signature			Date			
Parent Signature			Date			

Must be a non-profit organization/non-paid experience.