

PELLA HIGH SCHOOL DISTINGUISHED SERVICE PROGRAM

****Please note: All hours MUST be served in Pella****

Students: We are proud of the volunteer hours that you are contributing to our community. Please read the following reminders about our program:

-All hours must be served in Pella- without pay, not for school credit and not for an immediate family member.

-You can turn your hours into the guidance office at any time. We will keep track of all of the hours that you have served.

Student Name: _____ HS Graduation
Year: _____

Organization: _____

Supervisor's
Name: _____

Supervisor's
Signature: _____

Supervisor's Email and Phone
Number: _____

Service
Performed: _____

If you volunteer at this organization more than once, keep an accumulated record of your hours and turn it in after you have completed your service at the end of each quarter.

Date of Service _____ Hours
Volunteered: _____

Date of Service _____ Hours
Volunteered: _____

Date of Service _____ Hours
Volunteered: _____

Date of Service _____ Hours
Volunteered: _____

Date of Service _____ Hours
Volunteered: _____

Date of Service _____ Hours
Volunteered: _____

Date of Service _____ Hours
Volunteered: _____

Date of Service _____ Hours
Volunteered: _____

Date of Service _____ Hours
Volunteered: _____

Total Hours
Volunteered: _____