

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 counseling 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:	_____

Total Hours Volunteered: _____