



Volunteer Hours Form

Volunteer Information

Student Name: _____

Phone: _____

Email: _____

Organization Information

Organization: _____

Contact Person: _____

Phone/Email: _____

of Hours
Volunteered: _____

Signature of
Organizational Leader: _____

***All completed forms are to be submitted to Chris Karpowicz, College Mission Officer, for review. It is the responsibility of the student to submit the form, not the faculty or the organizational leader.**