

Seminole County Public Schools, Florida Student Volunteer Service/Paid Work Program Hours Log

| Student Name | | | Grade | Graduation Year | |
|--|----------------------------|---|------------------------------------|--|--|
| Date of Birth Phone Number () | | | High School | High School | |
| Mailing Address Email Address | | | | S | |
| Student's selected | social or civic issue | or professional area of | interest (if applicable | 9): | |
| It is the stude | ent's responsibility to | | | rice/paid work hours. Use multiple pages if | |
| DATE | HOURS SERVED/ WORKED | ORGANIZATION | ocument up to 100 ho I/BUSINESS | TITLE AND SIGNATURE OF VOLUNTEER COORDINATOR/ WORKSITE MANAGER | |
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| TOTAL HOURS: | | | | | |
| We certify that the ab | pove hours were perf | ormed after completing a Paid Work Program Guide | | er/Paid Work Service Plan and that all these hou | |
| Student Signature: | Date: | | | | |
| Parent Signature: | Date: | | | | |
| Organization/Business Contact Signature: | | | | Date: | |
| Principal or designee | signature below indic | cates that the hours have I | been accepted and re | corded: | |
| Principal (or Designee | Date | | | | |