DICSA

A Community Action Agency

(MSSA) Michigan Student Service Award Program

Volunteer Record

Name:_____ **School:**_____ **Year of Graduation:**_____

Phone:_____ **Email:**_____

1. Volunteer activities are defined as "any activity that is directly linked to providing needed services and bettering the community in which you live."
Please see 'Volunteer Service Guidelines' sheet which details what counts and what does not count as community service.

2. If the Volunteer Center coordinator has a question about your volunteer service, you may receive a phone call or an email asking for more information.

3. Please use this table to record your volunteer hours: each item MUST be signed by a member of the organization for which you volunteered and the date must be entered in MONTH/DAY/YEAR format.

4. Turn this form in to your high school guidance counselor.

M/D/Year	ORGANIZATION	DESCRIPTION OF VOLUNTEER ACTIVITY	HOURS	VERIFYING SIGNATURE

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