

WOLVERINE GUARD VOLUNTEER TIME LOG

STUDENT NAME: _____ STUDENT ID: _____

COMMUNITY SERVICE INFORMATION:

ORGANIZATION: _____

ADDRESS: _____

VOLUNTEER COORDINATOR CONTACT: _____

PHONE: _____ EMAIL: _____

DATE MM/DD/YYYY	TIME VOLUNTEERED HH:MM – HH:MM	SPECIFY YOUR VOLUNTEER DUTY	TOTAL HOURS
TOTAL HOURS VOLUNTEERED FOR THIS ACTIVITY AT THIS ORGANIZATION			

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN PRINT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

VOLUNTEER COORDINATOR SIGNATURE: _____ DATE: _____

All fields are required to be completed. Any false and/or missing information WILL result in disqualification in being considered for a Wolverine Guard Award.