



Volunteens

A youth program sponsored by the
Volunteer Center of Greater Kalamazoo

STUDENT VOLUNTEER ACTIVITY REPORT

Name:			
Street Address:		City:	State:
Phone: (Home) (Cell)		Email:	
Parent Name:		Parent Phone:	
Graduation Year:	School Attending:		

To report your volunteer activities:

1. Fill in the blanks below.
2. Enter each activity one time using a separate line for each. You may use multiple forms, if necessary.
3. Each activity must include an authorized signature from a member of the organization where you volunteer.
4. Sign your name on the signature line at the bottom of this page.
5. Mail or turn in form to the Volunteer Center of Greater Kalamazoo. (Address at bottom of page.)

Date	Organization	Activity	Hours	Authorized by: (Print name)	Authorized by: (Signature)

This Student Volunteer Activity Report has been completed to the best of my ability and reflects my volunteer activities.

Student Volunteer Signature

Date

Please return completed forms to:
VolunTEENS Program Manager
 Volunteer Center of Greater Kalamazoo
 709-A South Westnedge Avenue, Kalamazoo, MI 49007
volunteens@volunteerkalamazoo.org

Questions?
 Looking for volunteer opportunities?
 Call the Volunteer Center at 382-8350 or
 Visit our website at www.volunteerkalamazoo.org