Student Hours Log Sheet

Volunteer Network Program

Connecting you to your community

FULL NAME:_____ STUDENT NUMBER:_____ EMAIL:_____

Date	Details-in Brief	Hours	Organization/Location	Supervisor Name (Print)	Supervisor Contact (i.e. e-mail)

I hearby confirm that all information stated above is accurate and representative of my actions. I understand that information I fill out may be questioned and I may be requested to provide any necessary documentations to confirm the above stated information.

Student Signature: _____

Date of Submission: _____