



STUDENT		GRADUATION YEAR	HOURS COMPLETED
Pre-Approval (Completed by the student):			
Church/Religious Organization Community Agency/Event		Service Categories (Please choose 1): Nonprofit Organization/Charity School Other: _____	
Volunteer Activity (Brief Description):		Volunteer Site Supervisor:	
		Contact Information:	
		Student's Phone Number:	
Williamsburg School Staff Signature:		Status of Pre-Approval:	
		Approved	Not Approved
Community Service/Volunteer Record (Completed by the student):			
Name of Group/Organization/Event:		Address where service was completed:	
Date/Time Service Began:	Date/Time Service Ended:	Hours Served:	
Description of Activity/Service Performed:			
***Be sure to complete the back side of this form before turning it in.			
Site Supervisor Authorization (Completed by Group/Organization/Event supervisor):			
Name of supervisor at service site: (please print) _____			
Phone number or email address of supervisor: _____			
Total number of hours volunteer completed: _____			
Signature of supervisor: _____			
<i>This signature confirms and verifies this student's hours and completion of service.</i>			
To be completed by Williamsburg staff :			
Staff signature:	Status of Activity/Hours:		
	Approved	Not Approved	
Comments:			

How did you prepare for your service:

How were you helpful to others during your experience:

What did you learn/gain from your experience: