

WEBSTER GROVES HIGH SCHOOL

STATESMEN SERVICE AWARD

2019-20

Volunteer Service Hours

(Volunteer Hours earned from 4/1/19 to 4/1/20)

Student's Name: _____ Grade: _____ Year of Graduation: _____

Total hours of service for 2019-20: _____ Student's Signature: _____

Have you reported volunteer service hours from previous years? Yes _____ List hour(s)

2019-2020 _____ 2018-2019 _____ 2017-2018 _____ 2016-2017 _____

I am a first year participant. _____

**If you are unable to obtain the sponsor signature, please sign the sponsor name and initial to verify.*

****Please indicate your favorite three volunteer experiences by numbering 1-2-3.***

Name of Organization	Contact Person	Phone	Dates of Service	Hours	Describe Service Activity	*Signature of Sponsor
1.						
2.						
3.						

Please return this completed form to Office 124 by **March 15th** in order to be eligible to participate in the Awards Program. Additional forms are available in Office 124. Please use a separate sheet of paper if you need additional space to describe the Service Activity.

FOR OFFICE USE: L _____ I _____ C _____ T _____ R _____ TOTAL YEARS _____ TOTAL HOURS _____