

Twin Cities Academy High School (TCAHS)

Volunteer Participation Form



Student Name: _____

Grade: _____

Advisor: _____

Volunteer Organization: _____

Volunteer Contact Person Name: _____

Volunteer Contact Person Phone or Email: _____

Description of Volunteer Activity: _____

Date(s) Volunteered: _____

Total Number of Hours Volunteered: _____

My signature indicates that the above information is true and correct:

Student Signature

Date

Parent Signature

Date

Organization Volunteer Contact Signature

Date

TCAHS Use Only

Activity Meets Requirement ___ Yes ___ No

Reg. Service Hours Granted: _____

Advisor Signature: _____ **Date:** _____