LOUDOUN COUNTY PUBLIC SCHOOLS
DEPARTMENT OF PUPIL SERVICCES
OFFICE OF STUDENT SERVICES

Student Volunteer Hours Record

Student's Name: _____ **Grade:** _____ **Student ID:** _____

School: _____ **School Year:** _____

Date	Project	Hours
	Subtotal (for this page):	

TOTAL VOLUNTEER HOURS (for multiple pages): _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____