**COMMUNITY VOLUNTEERING LOG FORM**

For the leadership opportunities where your esteemed leader (Ms. Byrne) will not be there, please sign in and out with the person in charge of the event. Also, make sure you are relentlessly pleasant, helpful and indispensable in your volunteering role!

Please have a contact person from the activity/event sign your form at the end of the night.

**STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TIME ARRIVED:\_\_\_\_\_\_\_\_\_\_\_\_TIME COMPLETED:\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL HOURS VOLUNTEERED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EVENT CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name printed)**

**EVENT CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)**



If you have any questions, please contact Elizabeth Byrne (Mentorship/Leadership teacher) at Elizabeth.byrne@sd41.bc.ca or call the school at the number above.

**Students, return this form to Ms. Byrne immediately after the event/activity to ensure that you have documentation of your volunteering opportunity.**