Niagara High School Student Volunteer Hours

Please print clearly

Student Name:_____

Home Address: _____

Phone: _____ **Email:** _____

Age: _____ **Grade:** _____ **School:** _____

Date	Project	Hours
	SUBTOTAL (for this page):	

TOTAL VOLUNTEER HOURS (for multiple pages): _____

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____