

Volunteer Tracking Sheet

Please fill out this sheet after you have completed any number of hours. Remember our target for the year is 12 hours. If you need help finding things to do, let us know.

Name: _____

Date of Volunteering/Hours: _____



Number of hours: _____

What activity did you do? (mow a lawn of an elderly neighbor, help paint an office at church, etc.).

In what way does this count as service? (Helping someone in need, taking time out of my schedule to fulfill duty)

How did you feel after completing these volunteer hours? Will you change how you use your gifts next time? What might you like to try next?

Adult Witness: We ask that an adult vouch for you upon completion of these hours. Your hours **will not** count if this form is not filled out and signed by a witness. Please Return to a Confirmation Mailbox or to the Youth Room hanging folder.

Print Name: _____

Signature: _____

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