Town of Hilton Head Island

Mayor's Youth Volunteer Service Award

Record of Volunteer Service Form

Youth Name: _____ **Home Phone:** _____
(Please Print)

Home Mailing Address: _____

Grade: _____ **M/F:** ____ **Youth School:** _____

Parent E-Mail: _____ **Student E-Mail:** _____

Date	Agency Name	Activity Performed	Hours Served	Agency Signature

Volunteer Hours This Page:	
Volunteer Hours From Attached Page(s):	
Total Hours Volunteered:	

Student Signature: _____

_____ _____

Community Service Coordinator Signature **Date**