COMMUNITY SERVICE / VOLUNTEER HOURS SHEET

Student Name: _____
LAST NAME, FIRST NAME

Graduation Year: _____

Skyview High School, 1300 NW 139th ST, Vancouver, WA 98685
Coordinator: Colleen McKinney (Colleen.Mckinney@vansd.org)
Nate Macon (nate.macon@vansd.org)

Important:

- Need 30 hours by senior year.
- Hours must be service based.

DATE	NO. OF Hours	EVENT	SUPERVISOR'S SIGNATURE	PHONE NUMBER OF SUPERVISOR

Total Hours for Month: _____