



Mount Rainier Lutheran High School
Student Service Hours Report Form

Student Name: _____ Grade: _____

School, congregation, organization or club you volunteered with:

Brief description of volunteer work you performed:

Date(s) of service: _____

Total number of hours logged: _____

Verification Contact Information

Adult Supervisor Name: _____

E-mail: _____ Phone: _____

Address: _____

Adult Supervisor Signature: _____