

EDGEWOOD HIGH SCHOOL OF THE SACRED HEART



Volunteer Hours Tracking Sheet for Ongoing Activities

Attach to your Edgewood Service Hours form

Student Name _____ Volunteer Role _____

| Event/Site | Duties | Date | Start/End Times | Hours |
|--------------------|--------|------|-----------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Hours | | | | |

I approve the hours listed above

Date _____

Supervisor Signature _____ Printed Name _____

Contact Phone/Email Address _____

Additional Comments/Information: