Student Organization Volunteer Service Report

PLEASE PRINT CLEARLY

Organization:_____

Date:_____

Type of Work and Agency: _____

- Record the number of volunteer hours per site to the nearest ¼ hour
- All time sheets MUST have the volunteer supervisors signature before they are turned in
- Forms must be returned in person or by mail to the respective organization liaison (8000 Utopia Pkwy, Jamaica, NY 11439)

ONLY ONE AGENCY/SITE PER TIME SHEET

NAME	NAME	NAME	NAME

HOURS PER MEMBER: **TOTAL HOURS:**

_____ **Date**: _____

Site Supervisor's Signature (ONLY SIGN WHEN FORM IS COMPLETE)

Phone:(_____) _____ - _____ Email: _____

Site Supervisor's Contact Information (FOR SERVICE VERIFICATION PURPOSES)

_____ **Date**: _____

Organization Representative's Signature

Supervisor: By signing this form, you indicate that you have accepted all volunteers for the position described above, that you have provided the appropriate training and/or orientation required for the position, and that this time record accurately reflects all of the volunteer's service. Please only sign a form filled out in Ink and not pencil to assure no alterations.

Representative: By signing this form, you indicate that the members of your organization that are listed have agreed to serve in this position, they have served the hours listed above, and they will abide by the policies and fulfill the responsibilities of the position to the best of their ability.