

**Lake Lure Classical Academy
Student Volunteer Service Program**

Student Name: _____ Student Number: _____

Graduation Year: _____ School Year: _____ Grade Level: _____

Name of Organization with which or for which the service is being performed:

Date	Activity	Time In	Time Out	Total Hrs Worked	Contact's Signature	Telephone Number

- Please Note:
1. All volunteer hours are subject to verification.
 2. If you are unsure about any activity meeting volunteer criteria, please see your counselor or administrator.
 3. Students should make a copy of this form before it is submitted and keep that copy for their records.

7th & 8th grade must complete - 10 hours each year
 9th - 12th grades must complete - 15 hours each year

**Once hours are completed, turn this form into your school counselor.