

## Wings of Service

Matina Wagner, Coordinator

## **Record of Volunteer Service Hours**

MAXIMUM NUMBER OF HOURS ACCEPTED PER DAY IS 8 (EIGHT) Student Name: \_\_\_\_\_ Student #: \_\_\_\_ Email: \_\_\_\_ Purpose of Community Service:  $\square$  Public Service Scholar  $\square$  Book Scholarship  $\square$  Graduation Honors  $\square$  Other: Time Time Total **Contact Person's** Date Agency Name **Activity Performed** In Out Hours Signature Add hours from back of form +\_\_\_\_\_ Total hours volunteered: \_\_\_\_\_ Agency Name: Polk State College Student Services

Agency Signature: \_\_\_\_\_ Printed Name and Title: Enrollment & Outreach

Date	Agency Name	Activity Performed	Time In	Time Out	Total Hours	Contact Person's Signature