

*** Please return to basket in guidance



Northview High School

Steven Swaggerty, Principal

Assistant Principals

Kasey Vens

Melissa McDonald

Athletic Director

Chris Irwin

Official Volunteer Hours Form

Student Name: _____

Student ID # _____

Date of Volunteer Hours: ____/____/____
(list dates on back) (mm/dd/yy)

Year of Graduation _____

Number of Hours: _____

Name of Organization: _____

Site address: _____

Description of volunteer effort/time spent: _____

Contact person at site: _____ Phone: _____

We the undersigned agree that the hour tally and description of volunteer effort/time are correct:

Contact Person

Student

Dear Contact Person:

Thank you for giving our Northview student the opportunity to complete volunteer time in your agency. If you have any questions or comments about our program, please contact the volunteer advisor:

Melissa McDonald (Assistant Principal)

419-824-8570 ext. 5105

5403 Silica Drive, Sylvania, Ohio 43560 419-824-8570 Fax: 419-824-8698

www.sylvanianorthview.org

Counselors 419-824-8715

