



CHHS Monthly Tracking Form

Volunteer Information

Name: _____ Student ID: _____

Phone Number: () _____ Email: _____

**You must complete every blank for each event log in order to receive credit for service.
Turn-in form every month even if you have not completed 5 service events.**

Event Log

Event 1	_____		_____		
	<i>Agency You Volunteered With</i>		<i>Event / Program Name or description</i>		
	_____	_____	<i>Optional</i>	_____	<i>Optional</i>
	<i>Event Date</i>	<i>Total Hours</i>	<i>Money</i>	<i>Your Group, Club or Team</i>	<i>Teacher Requiring Hours</i>
	_____		_____		
<i>Agency Supervisor's Signature</i>		<i>Agency Supervisor's Phone or Email</i>			
Explanation of Event/Program					

Event 2	_____		_____		
	<i>Agency You Volunteered With</i>		<i>Event / Program Name or description</i>		
	_____	_____	<i>Optional</i>	_____	<i>Optional</i>
	<i>Event Date</i>	<i>Total Hours</i>	<i>Money</i>	<i>Your Group, Club or Team</i>	<i>Teacher Requiring Hours</i>
	_____		_____		
<i>Agency Supervisor's Signature</i>		<i>Agency Supervisor's Phone or Email</i>			
Explanation of Event/Program					

Turn Over, More Event Logs On Back

Event 5

Explanation of Event/Program

Agency Supervisor's Signature

Agency Supervisor's Phone or Email

Event Date

Total Hours

Optional Money

Your Group, Club or Team

Teacher Requiring Hours

Optional

Agency You Volunteered With

Event / Program Name or description

Event 4

Explanation of Event/Program

Agency Supervisor's Signature

Agency Supervisor's Phone or Email

Event Date

Total Hours

Optional Money

Your Group, Club or Team

Teacher Requiring Hours

Optional

Agency You Volunteered With

Event / Program Name or description

Event 3

Explanation of Event/Program

Agency Supervisor's Signature

Agency Supervisor's Phone or Email

Event Date

Total Hours

Optional Money

Your Group, Club or Team

Teacher Requiring Hours

Optional

Agency You Volunteered With

Event / Program Name or description