SERVICE LEARNING INTERNSHIP

Student Volunteer Record

Intern's Name:	**Month:**
Company / Agency Name:	**Total Hours Volunteered This Month:**
Supervisor's Name:	**Supervisor's Signature:**

Record number of hours volunteered each day

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Weekly Hours
❑	❑	❑	❑	❑	❑	❑	
❑	❑	❑	❑	❑	❑	❑	
❑	❑	❑	❑	❑	❑	❑	
❑	❑	❑	❑	❑	❑	❑	
❑	❑	❑	❑	❑	❑	❑	