

LaSalle Peru Township High School
Cavalier Cord Program
Documentation Form

Name of Student _____ **ID #** _____
(Please Print)

Signature of Student _____

Today's Date _____ **Date(s) of Volunteer Work** _____

Number of Hours Volunteered _____

Please describe the volunteer service:

Supervisor's Name _____ **Supervisor's Phone** _____

Supervisor's Signature _____

Please return all forms to Mrs. Franklin in the Principal's Office as you complete them.

Continuation of an extended work assignment, during the semester, may be accumulated on one sheet.

All service hours are subject to administrative approval.

<i>For office use only:</i>	<i>Quarter (1 2 3 4)</i>
<i>Date received:</i>	<i>Initials: Date logged</i>