

**ASHP & American Volunteer Scholarships
Volunteer Documentation**

Please Print Clearly:

Name _____

High School _____ Year of Graduation _____

Volunteer service performed at: _____

Type of activities: _____

Date(s) of service _____ Total Hours _____

Volunteer Coordinator Signature: _____

Position _____ Phone _____

Submission of Hours:

All hours should be turned in to the ASHP office and to the College & Career Center. This is the responsibility of each individual student.

Please feel free to make duplicate copies of this volunteer documentation sheet as needed. This form can be found online at the ASHP website.

For Office use only:

Date received _____ Received by: Mail Fax

Date recorded _____ Recorded by: _____