

Klein Oak High School

Volunteer Service Documentation Form

Please print clearly.

Name: _____ SS# _____

Year of Graduation: _____

Volunteer service performed at: _____

Total Hours: _____

Type of activities:

Dates of service:

Volunteer Coordinator (signature):

Position: _____ Phone: _____

Submit this form to the Klein Oak Counseling Office.

[More information: <http://kleinoak.kleinisd.net/counselr/volunteer.htm>]

For office use only:

Date received: _____

Date recorded: _____ Recorded by: _____