

**V.O.F.T. – VOLUNTEER OPPORTUNITIES FOR TEENS**

**MONTHLY TIME SHEET PER ACTIVITY  
ONE ACTIVITY PER SHEET**

*Must turn in to the guidance office during the same school year hours are completed*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Activity Name: \_\_\_\_\_

Adult Supervisor's Name: \_\_\_\_\_

Supervisor's Address: \_\_\_\_\_

Street

City

State

Zip Code

Supervisor's Phone: \_\_\_\_\_

<b>Date</b>	<b>Number of Hours (Round to ½ hrs)</b>	<b>Student's Initials</b>	<b>Supervisor's Initials</b>
<b>Total</b>			