



Name:			
Street Address:		City:	State: Zip:
Phone: (Home) (Cell)		Email:	
Parent Name:		Parent Phone:	
Graduation Year:	School Attending:		

To report your volunteer activities:

1. Fill in the blanks below.
2. Enter each activity one time using a separate line for each. You may use multiple forms, if necessary.
3. Each activity must include an authorized signature from a member of the organization where you volunteer, or a school representative.
4. Sign your name on the signature line at the bottom of this page.
5. Send completed form to Volunteer Kalamazoo (information below).

Date(s)	Organization	Activity	Hours	Authorized by: (Print name)	Authorized by: (Signature)

This Volunteer Activity Report has been completed to the best of my ability and accurately reflects my participation in volunteer activities.

Volunteer Signature _____

Date _____

Please return completed forms to:
 VolunTEENS Program Coordinator
 709-A South Westnedge Avenue, Kalamazoo, 49007
 Fax: 269.382.8362
 volunteens@volunteerkalamazoo.org

Questions? Looking for volunteer opportunities?
 Call Volunteer Kalamazoo at 269.382.8350 or visit
www.volunteerkalamazoo.org.