**VOLUNTEER/WORKING LOG HOURS FORM**

Student Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Date Period | Organization/Event | Position | Hours |
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|  |  |  |  |
|  |  | Total Hours |  |

We hereby certify that the above information is accurate.

|  |  |  |
| --- | --- | --- |
| Student Name | Signature | Date |

|  |  |  |
| --- | --- | --- |
| Organization:  Supervisor Name:  Contact # or email: |  | Signature of Supervisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

|  |  |  |
| --- | --- | --- |
| Organization:  Supervisor Name:  Contact # or email: |  | Signature of Supervisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

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| --- | --- | --- |
| Organization:  Supervisor Name:  Contact # or email: |  | Signature of Supervisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

\*\*You may also attach other supporting document(s) such as pay stub or supervisor reference letter (optional)

**EXAMPLE:**

Student Name: Joe Doe Student number: 123456\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Date Period** | **Organization/Event** | **Position** | **Hours** |
| Aug 2019-October 2019  Worked every Wed for 3 hrs | McDonald’s | Cashier | 9 shifts X 3 hrs  = 27 hrs |
| August 24, 2019 | Sun Run | Volunteer set-up | 1.5 hrs |
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|  |  | Total Hours | 28.5 hrs |

We hereby certify that the above information is accurate.

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| Student Name  Joe Doe | Signature | Date  Oct 9, 2019 |

|  |  |  |
| --- | --- | --- |
| Organization:  Supervisor Name:  Contact # or email: | McDonald’s  Jane Suave, Manager  604-384-2930 | Signature of Supervisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

|  |  |  |
| --- | --- | --- |
| Organization:  Supervisor Name:  Contact # or email: | Sun Run  Diane McKay, Organizer  dmckay@vancouversunrun.com | Signature of Supervisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

|  |  |  |
| --- | --- | --- |
| Organization:  Supervisor Name:  Contact # or email: |  | Signature of Supervisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |