



VOLUNTEER COMMUNITY SERVICE HOURS TRACKING SHEET

Student Name: _____

Program/Country: _____

Host Family: _____

Cluster Coordinator: _____

Date	Name of Organization	Activity Description	Hours	Supervisor Name & Phone
ex: 9/26/22	City Harvest	Fed the homeless at a local shelter with my host family	4	Jane Smith, 123-456-7890

Total Hours of Service Listed on this page: _____

Note to students: You should use this form to keep track of your volunteer community service hours. Your Cluster Coordinator will collect this at the end of the year. Make as many copies of this form as needed.

