

**TEXAS SCHOLAR VOLUNTEER PLAN
SCHOOL: _____**

Last First Middle

Grade Student ID # Student Phone #

Name of Agency Phone #

Agency's Contact Name Date

Agency Mailing Address Zip Agency Street Address

Student's Signature Date

Counselor's Signature Date

**SENIORS ARE REQUIRED TO HAVE COMPLETED THE TOTAL
20 HOURS BY THE END OF THE FOURTH SIX WEEK PERIOD.**

SERVICE LOG

DATE	HOURS COMPLETED	DUTIES PERFORMED	INITIALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____