MIDLAND COMMUNITY 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	INITITALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____