



STEPHEN J. WAMPLER

FOUNDATION

STUDENT VOLUNTEER HOURS FORM

Date: _____

Student name: _____

Home address: _____

Home phone: _____

Name of school: _____

Grade: _____ School Year for Hours Submitted: _____

Project Description:

Total volunteer hours: _____

Parent Signature: _____

Student Signature: _____

Student Counselor's signature: _____

www.wamplerfoundation.org

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