

LaRue County Schools Volunteer Service Log

Student First & Last Name: _____ Grade: _____ School: _____

Description of Volunteer Service Activity		
	Date:	<u>Print Name & Role</u> of Activity Coordinator, Recipient of the Service, Sponsor, or Parent/Guardian
	Hours/Minutes:	<u>Signature</u> of Activity Coordinator, Recipient of the Service, Sponsor, or Parent/Guardian
	Date:	<u>Print Name & Role</u> of Activity Coordinator, Recipient of the Service, Sponsor, or Parent/Guardian
	Hours/Minutes:	<u>Signature</u> of Activity Coordinator, Recipient of the Service, Sponsor, or Parent/Guardian

Attach additional pages as needed

Student Signature: _____ **Date:** _____

Return form to the school contact listed below by May 1:

ALES: Esther Wolford HES: Jennifer Price LCMS: Jennifer Adams LCHS: Deidre Brooks TLC: D.W. Cruse

Questions? Contact amanda.reed@larue.kyschools.us or marsha.duncan@larue.kyschools.us