



*Town of Hilton Head Island
Mayor's Youth Volunteer Service Award
Record of Volunteer Service Form*

Youth Name: _____
(Please Print)

Home Mailing Address: _____

Grade: _____ M/F: ____ Youth School: _____

Parent E-Mail: _____ Student E-Mail: _____

Date	Agency Name	Activity Performed	Hours Served	Agency Signature

Volunteer Hours This Page:	
Volunteer Hours From Attached Page(s):	
Total Hours Volunteered:	

Student Signature: _____

_____ **Community Service Coordinator Signature**

_____ **Date**