BOB JONES ACADEMY

Volunteer Hour Log Sheet

Student Name: Graduation Year:

Date (M/D/Y)	Activity Performed	Name of Organization	Hours Worked	Contact Person's Name	Contact Person's Telephone Number

Date (M/D/Y)	Activity Performed	Name of Organization	Hours Worked	Contact Person's Name	Contact Person's Telephone Number

Total Hours Volunteered:	Total Hours Volunteered:	•
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