

# VOLUNTEER HOURS



# IRCHS

Check with your homebase teacher prior to volunteering.  
Acceptable locations? Non-profit organization? See graduation requirements.

2019-2020

\_\_\_\_\_  
Student Name    Date    Student ID #    Homebase Teacher

**\*Please make copy for your records**

Date	Location of Work	Name & Ph# of Supervisor	Description of Work	Time		Time Total	Initialed by Supervisor
				in	out		

**Total Hours** \_\_\_\_\_

\_\_\_\_\_  
Signature of Charter Approval