

LYONS TOWNSHIP HIGH SCHOOL



North Campus
100 S. Brainard Avenue
LaGrange, IL 60525

VOLUNTEER HOURS RECORD

The purpose of this letter is to verify that _____ (student's name)
has served as a volunteer at _____ (site) from _____ to
_____ (dates).

During that time, he/she has acquired _____ (number) volunteer hours by performing the following tasks:

I would rate this student's volunteer efforts as:

- _____ Excellent
_____ Satisfactory
_____ Poor

If any additional information would be beneficial, please do not hesitate to contact me.

Supervising Professional's Name

Date

Supervising Professional's Title

Supervising Professional's Employment Site/Employer

Please complete this form within two weeks of the student completing the service hours. In lieu of completing the paper copy, you can email Suzanne Andersen (sandersen@lths.net) the above information.