ADM High School Volunteer Service APPROVAL FORM

CHOOSE ONE:	☐ Humanitarian Cord	□ NHS	□ Senior Hours (12 th Grade ONLY)
Complete designated rows	Rows <u>1 - 8</u>	Rows <u>1 - 4</u> and <u>6 - 8</u>	Rows <u>1 -4</u> and <u>6 - 8</u>

For Humanitarian Cord pre-approval see one of the following Committee Members: Mr. Ahrens, Mrs. Hoy, Mrs. Knipper, Mrs. Laizure, or Mrs. Miller. (summer pre-approval requests must be emailed Mrs. B. Knipper or Mrs. C. Miller before activity date)

	Administrative	Pre-Approval (t	his section must	be completed in ink	BEFORE	date of work/service activity):
1	Student Name and Grade: (please print) Name: Grade:				Category: Community School Service Org/Church Youth Activities CONCESSIONS	
	Grade level in which your hours will apply:					Year of graduation:
2	□ 9th	□ 10th	□ 11th	□ 12th		
3	Not-for-Profit Organization for whom service will be provided - please be specific: (Ex: Meals from the Heartland; or ADM Fine Arts Boosters @ Youth Basketball Tournament; etc.)					Date of service activity:
4	Activities to be performed - please be specific: (Ex: Packaging Meals; or Admissions Gate)					Total hours anticipated Not to exceed 10
5	ADM High School Pr	re-Approval Signatuı	re (see above fo	r accepted name	s):	Printed approval name:

	Service Verification (this section must be completed in ink AFTER work/service activity is completed):			
6	Name of Coordinator at service site:	Date of Service:		
0		Must be submitted within 30 days		
7	Duties performed:	Total hours completed (15-minute increments only):		
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		Must be submitted within 30 days		
8	Site Coordinator's signature here verifies the student's completion of service hours (please do not sign unless lines 6 & 7 have been filled in completely):	Site Coordinator email or phone:		
	x			

Submit all completed forms to the ADM High School Counseling Office within 30 days of completion