

**International Business & Marketing Academy
Volunteer Documentation Form**
Please write neatly and fill the form out completely

Name: _____ 6 digit ID#: _____

Class of: _____

Date of Service Performed: _____ # of Hours served (8 hours max a day): _____

Name of Non-Profit Agency or Recipient in Need: _____

Signature of Non/Profit Agency/Recipient in need: _____

*Please verify number of hours served before signing this document. Do not sign if the hours are not correct or are not present.

Phone number with Area Code of Agency/Recipient: _____

Address of Agency/Recipient: _____

City, State, Zip Code: _____

Email contact for Agency/Recipient: _____

Description of Service Provided (BE specific):

Were you paid for this service? _____ YES _____ NO

Are you a member of the organization that benefited from the service: _____ YES _____ NO

Student Signature: _____

Parent/Guardian Signature: _____

Keep a copy for your own records