

**INDIAN RIVER COUNTY SCHOOLS
Florida Academic Scholars
VOLUNTEER HOURS
VERIFICATION SHEET**

STUDENT NAME (Last, First, Middle): _____

STUDENT MAILING ADDRESS:

Street Number Name

City State Zip Code

SCHOOL: _____

ID#: _____ SEX [Mark "X"] —Male Female

NOTE: This form is to be completed and returned to the High School Guidance Office

Date(s) Volunteered	Number of Hours	Activities Performed

ORGANIZATION

SIGNATURE / TITLE

DATE

TELEPHONE NUMBER
[To verify volunteer hours]

Verified by	Date