GRINNELL COLLEGE

Student Name: _____

Volunteer Initiative Program: Volunteer Log for Students

Please list the approximate dates of your service, the number of hours you served, and the specific activities you completed for the organization.

Date	**Hours**	**Activity**

For Office Use Only:

Student Participation Verified:

Date: _____ Organization Contact: _____

Contribution APPROVED or DENIED

Reason for Decline: _____

Date Completed: _____ Signature: _____