



**Please Complete and Return**

**Mail:** P.O. Box 15643, San Antonio, TX 78212

**Fax:** 210-598-2610

**Scan:** questions@kymskidssa.org

**INDEPENDENT VOLUNTEER LOG**

**Participant Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

Event Date	Event Name and Location	Hours Earned	Description of Project (work you have done that day)	Supervisor's Name (printed), Signature and Phone #	Comments/Evaluation by Supervisor

**Deadline to Submit All Service Hours:** High School Seniors- **May 31<sup>st</sup>**

All Other Kym's Kids Participants- **July 31<sup>st</sup>**

**Total Hours** \_\_\_\_\_