

Mount Vernon High School Pay it Forward
Hours will only count 30 days following the date of activity

Name: _____ Year in School: 9 10 11 12 Today's Date: _____

Volunteer
Activity: _____

Number of Hours: _____ Date of activity: _____

Briefly Describe Activity:

Student Signature: _____ Adult Supervisor Signature: _____

When completed, return to office or Mr. Karkosh

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