

CAVS IN SERVICE | Service Hours Verification Form

Student name (please print):	Student ID#:	Class of:
------------------------------	--------------	-----------

- Before volunteering -

- 1** Is this organization or event on the **List of Approved Organizations**?
 - 2** Is this activity eligible for credit according to the **CIS Guidelines**?
- All this and more can be found at www.ltidschools.org/cavsinservice.*

Name of Non-Profit Organization or Event (ONE PER FORM):	Does this relate to your school extracurricular activity? Y N If YES, is this a non-profit outside LTISD? Y N
Volunteer Location Telephone Website:	Describe Volunteer Activity:

ONE Date of Service per line mm/dd/yy	Start Time	End Time	Number of Hours	Organization Sponsor printed name, title, and signature for every date of service (no parent signature unless organization sponsor)
Total =				

***** STUDENTS MUST KEEP A DUPLICATE COPY *****

Mission – *To facilitate, encourage, and support student volunteerism in the community.*
Vision – *To have every student serve a minimum of 100 volunteer hours upon graduation from Lake Travis High School.*