UNIVERSITY OF CALIFORNIA, SANTA CRUZ

 $\texttt{BERKELEY} \bullet \texttt{DAVIS} \bullet \texttt{IRVINE} \bullet \texttt{LOS} \ \texttt{ANGELES} \bullet \texttt{MERCED} \bullet \texttt{RIVERSIDE} \bullet \texttt{SANDIEGO} \bullet \texttt{SANFRANCISCO}$



STUDENT VOLUNTEER CENTER

SANTA CRUZ, CALIFORNIA 95064

Volunteer	Information:						
Name:		Email:			Phone:		
Date	Time Start	Time End	Hours	Brief Description of Activity	Organization	Signature	
_							
_							
_							
Tot	al Hours Lo	gged:					
$\mathbf{R}_{\mathbf{v}}$	signing helow	v I certify th	e ahove	information is a true and accurat	e record of my na	rticination	
Бу					c record or my pa	rnerpanon.	
	Volunteer Si	gnature:			Date:		