

William Fremd High School VIKES PROJECT - Event Participation Voucher

Teacher: _____ Semester: _____ Course: _____

Student Name: _____ ID #: _____

Approved Event Name: _____ Date: _____

Volunteer Duties:

To be Filled Out By Event Supervisor/Contact:

Supervisor Name : _____ Phone Number/Email: _____

Number of Hours Served by the Above Listed Student: _____

Supervisor Signature to Verify Student Service Hours: _____

THANK YOU FOR YOUR HELP

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