



St. John's Episcopal Church Youth Group  
Volunteer Hours Form

**To be filled out by the organization:**

Individual/Organization Name: \_\_\_\_\_

Address of organization: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_ Age: \_\_\_\_\_

Service Activity: \_\_\_\_\_

Contact Person/Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Hours of service provided by volunteer: \_\_\_\_\_

Brief description of service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that this individual has completed the service hours recorded above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*The mission of St. John's Church is to be a community of Christians committed to the care, nourishment  
and spiritual growth of all.*

St. John's Episcopal Church

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Barrington, Rhode Island