

SOCIAL AND HUMAN SERVICES INTERNSHIP MONTHLY HOUR AND EXPERIENCE REPORT



Student name: _____

ID number: _____

Program/Agency name: _____

Month: _____

Supervisor name: _____

Phone: _____

Please enter this information for any days worked this month. Days not worked can be left blank.

Date	Activities	Hours worked	Initials		Date	Activities	Hours worked	Initials
1					17			
2					18			
3					19			
4					20			
5					21			
6					22			
7					23			
8					24			
9					25			
10					26			
11					27			
12					28			
13					29			
14					30			
15					31			
16					Total monthly hours			

We agree that the above information accurately records the volunteer hours performed by this student for a non-profit or governmental organization and does not include any paid work, religious activities or political activities.

Student signature: _____

Date: _____

Program/Agency signature: _____

Date: _____

Please contact LWTech faculty member Rex Rempel at Rex.Rempel@LWTech.edu with any questions or concerns. It is the school's goal to support both the student and the worksite, to ensure a positive experience for all involved.