



WEST MICHIGAN
AVIATION ACADEMY

Volunteer & Community Service Log

Student Name: _____ Graduation Year: _____

Date of Project: _____ Total Hours: _____

Sponsoring Organization: _____

Place of Project Work: _____

Type of work to be Performed: _____

I confirm the student below completed the hours and project as listed above.

Printed Name: _____

Date: _____

Signature: _____

Phone Number: _____

**Cannot be a parent signature*



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