Student Volunteer Hours

**KIDS FOR WISH KIDS PROJECT**

**Make-A-Wish Atlantic Provinces**

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| --- | --- |
| **Date:** |  |
| **Student’s Name:** |  |
| **Email:** |  |
| **Tel number:** |  |
| **School:** |  |
| **Supervising Teacher:** |  |
| **Teacher’s email:** |  |
| **Fundraiser Description & Your Role or Tasks:** |  |
| **Number of hours dedicated to this fundraiser:** |  |
| **Signature of Supervising Teacher:** |  |

We can’t thank you enough for holding a fundraiser on our behalf and taking the time to make a difference in your community. A letter will be sent to your teacher documenting the hours you contributed to this effort.

PLEASE RETURN THIS FORM TO: Steven Butler at steven.butler@makeawish,ca

or fax: 902.466.0602 or mail: MAWAP 5991 Spring Garden Road, Suite 605, Halifax, NS, B3H 1Y6