



# FLORENCE-DARLINGTON TECHNICAL COLLEGE

## CCAMPIS Program | Volunteer Form

DATE \_\_\_\_\_

TIME \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

TYPE OF VOLUNTEER HOURS \_\_\_\_\_

NUMBER OF HOURS \_\_\_\_\_

LOCATION \_\_\_\_\_

\_\_\_\_\_  
FACILITATOR SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
CCAMPIS SIGNATURE

***PLEASE NOTE: you are responsible for 3 volunteer hours per semester!***

STUDENTS: Please drop this form at my office in Room 106 or email the form to me at [Melissa.Cooper@fdtc.edu](mailto:Melissa.Cooper@fdtc.edu) in order to get credit for your volunteer hours.