

Light Up a Life Scholarship
Sponsored by the Auxiliary to Greenville Health System (GHS).

TEEN VOLUNTEER DOCUMENTATION FORM

Applicant's Name: _____
 First MI Last

Location of volunteer work: _____

Number of volunteer hours worked during the past 12 months: _____

(Please Print)

Name of Person completing this form: _____
 First MI Last

Phone: (____) _____ Title/Position: _____

Signature: _____ Date: ____/____/____