Better Boys Foundation
Memorial Scholarship Program

Student Volunteer Form

Name:_____ Home Phone:_____

Home Address_____ Zip Code:_____

School:_____

Volunteer Site / Program_____

DATE	TIME IN	TIME OUT	TOTAL HOURS	SIGNATURE

_____ Date:_____

Representative's Signature (Volunteer Site)

Please return this form to: Janet Jackson
Better Boys Foundation, 1512 S. Pulaski Road, Chicago, IL 60623
Office: 773-542-7300 Fax: 773-521-4164