



8260 WICKER AVENUE ☆ ST. JOHN, INDIANA 46373  
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# **LCTC Volunteer Hours Confirmation Form**

Name of Thespian: \_\_\_\_\_ (First & Last)

Grade: \_\_\_\_\_ Inducted into Troupe(circle one) **YES** or **NO**

Date: \_\_\_\_\_ # of Hours Earned: \_\_\_\_\_

Volunteer Location:

**Brief Description of the Service Activity:**

Printed Name of Coordinator / Supervisor

**Date**

**Signature of Coordinator / Supervisor**

**Date**

### Signature of Thespian

**Date**

**Signature of Officer (If Present)**

**Date**