

PARENT SERVICE

Volunteer Form

NOTE: If this form is not fully completed, your service hours may not be credited to your account.

PLEASE PRINT LEGIBLY

Oldest Child's Name: (Last) _____

(First) _____

Oldest Child's Grade: _____

Name of Volunteer:

IF NOT A PARENT, PLEASE INDICATE RELATIONSHIP:

Today's Date: _____ Date Service Performed: _____

Service

Performed: _____

For donated items: One hour is earned for every \$10 in value.

Number of Hours Earned: _____

Signature of Teacher/Activity Chairperson:

RETURN THIS FORM TO THE DEVELOPMENT OFFICE AFTER VOLUNTEER WORK IS COMPLETED.