Volunteer Hours Log Sheet

Please return at the end of each trimester.

Student's Name	Grade	_ Date
Father's Name	Mother's Name	
Each family is required to volunteer a minimum of 30 hours or pay \$ welcomed and appreciated. Recorded hours must be signed by the e hope hour.)	-	-

Date	Name of Volunteer	# of Hours	Event or Donation	Approved by name (Print)	Approved by Signature
				Total Hours Submitted	