 Parent Volunteer Verification Sheet

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name(s) & Grade(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enter volunteer hours as you complete them and submit this form to the office on a **MONTHLY** basis in order to prevent any unnecessary charges to your account.

|  |  |  |
| --- | --- | --- |
| Date | Type of Work/  Monetary Donation  (please attach receipts) | Total  Hours |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

The above family has satisfactory completed \_\_\_\_\_ hour(s) of volunteer services as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(date)

Signature of person completing the form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_