

St. Elizabeth Ann Seton Catholic School Parent Volunteer Verification Sheet

Thank you for donating your time and/or talents to our school! Please complete this form, attach any receipts if applicable, and submit it to Mrs. Boyle in the school office.

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Parent name and e	mai	l address:					
Student(s) name(s) and	d grade(s):					
Event/Activity Ser	vice						
Date of Event/Activity		Name of event/activity		# of Hours volunteered		Event Coordinator's Signature	
Donations							
Date of Descrip Donation Donation		scription of nation	•		Is the receip attached?		Coordinator's Signature

United in one Body, the Eucharistic community of St. Elizabeth Ann Seton Catholic School affirms our mission of faith formation, academic excellence, respect for human dignity, and service to others.