

## 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 INDICA	TE RELATIONSHIP:
Today's Date:	Date Service Performed:
Service Performed:	
For donated items: One hour is earned for any donated item over \$25.00.	d for every \$10 in value. A sales receipt will be required
Number of Hours Earned:	
Signature of Teacher/Activity Chairp	erson:
*RETURN THIS FORM TO THE SCHO	OOL OFFICE AFTER VOLUNTEER WORK IS COMPLETED.