



# Volunteer Hours Form

Date Submitted: \_\_\_\_\_

Parent(s) Full Name(s): \_\_\_\_\_

Youngest Child (Full Name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Activity	Event or Activity	Hours/Minutes Completed	School Authority or Teacher's Signature
	<b>TOTAL:</b>	<b>20 HOURS</b>	

\*Please do not authorize your own hours. Your form will not be accepted.