

**VOLUNTEER HOURS**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Activity/Event: \_\_\_\_\_ Date of event: \_\_\_\_\_

Hours helped: \_\_\_\_\_

\_\_\_\_\_  
Parent (s) Name

\_\_\_\_\_  
Teacher or Home & School Staff signature

***Turn slips in to any Home & School member, your room parent(s), or the school office. Thanks for your support!***

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