Oldest or Only Child :

Last Name First Name Teacher/Grade

Additional CHILDREN Attending School

Last Name First Name Teacher/Grade

Last Name First Name Teacher/Grade

Last Name First Name Teacher/Grade

Family Contact Person:

Last Name First Name

Telephone: Email:

Please check appropriate box

Date	Name of Volunteer	Teacher/ Room Mom Assistance	PTO Assistance	Office Assistance	Time In	Time Out	Total Time	Teacher/ Room Mom/ PTO/ Office Staff Initial	Recorded In School Computer

Volunteer Assistance Hours Totals:

August	September	October	November	December
January	**February**	**March**	**April**	**May**

*** Please make sure you have teacher, room mom, PTO executive board member, or office staff initial your times for volunteering. If asked this is your proof of hours and must be submitted upon request.**