



ALL ANGELS ACADEMY

VOLUNTEER HOURS - COMPLETED FORM

Please complete the form and then obtain the signature of the appropriate school staff member, PTO Board Member, or Committee Chairperson overseeing the activity.

ACTIVITY	DATE	HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours Volunteered: _____

Student's Name: _____

Volunteer's Name (print): _____

Volunteer's Signature: _____

School/PTO/Committee: _____
Name (Print)

School/PTO/Committee: _____
Signature

Please remember volunteer forms must be turned into the school office with all required signatures within two weeks of the event.