BLESSED TRINITY CATHOLIC SCHOOL

ADULT VOLUNTEER HOUR LOG 2018-2019

DATE	# OF HOURS	SERVICE TYPE/FUNCTION

**APPROVED SERVICE TIME MUST DIRECTLY BENEFIT THE MATERIAL CONDITION OR OPERATION OF THE SCHOOL.

**PLEASE TURN IN THIS FORM AT THE END OF EACH QUARTER.

**ALL SERVICE HOURS FULFILLED OUTSIDE OF SCHOOL OR SCHOOL HOURS (WHERE VOLUNTEER DID NOT SIGN IN ON OFFICE COMPUTER) MUST BE INCLUDED ON THIS LOG.

**G IRL SCOUTS/BOY SCOUTS/YOUTH GROUP FUNCTIONS/EVENTS AND CHRISM MASS DO NOT COUNT TOWARD VOLUNTEER HOURS.

Name: _____

DATE REC'D: _____
(Office Use Only)

Student/Family Name: _____

DATE INPUT: _____
(Office Use Only)