VOLUNTEER SERVICE RECORD

_____
(School Name)

Name: _____ Tel. # _____

Address: _____

CODE: _____

SC - School Committee
SP - Speaker
TU - Tutor
ME - Mentor
SH - Shadowing
OA - Office Assistant
MA - Media Assistant
CA - Classroom Assistant
HR - Healthroom
GA - Guidance Assistant
FT - Field Trip
EX - Extracurricular
PT - PTA Activity
BC - Booster Club
OT - Other Service
FU - Fundraising
LB Math/Science Lab

CATEGORY OF VOLUNTEER

Community Volunteer
___ Senior Citizen- SC
___ Non-Parent- NP
___ Parent- P
___ Business- BU
___ Church/Civic- CC

School Volunteer
___ Teacher- T
___ Booster Club- BO
___ Student- S
___ SIC/Act 135

RECORD HOURS AND CODE IN BOX FOR DAY'S VOLUNTEER ACTIVITY.

DATES	Aug.	Sept.	Oct	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
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Volunteers take home to note "at-home" or "away-from-school" hours. Send to school December and May, to be added to "at-school" hours.