

**Summerville Catholic School  
Parent Volunteer Hours Report Form  
2011-2012**

Volunteer Name: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

Child(ren) Homeroom(s): \_\_\_\_\_

Month of Service: \_\_\_\_\_

Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

Buy-Out Option: \_\_\_\_\_

This reflects \$10.00 per hour for any hour not completed up to the required 20.  
(Make check to SCS)

For each service activity that you are documenting below, please complete all four sections. A signature by a teacher, staff member or PSA chairperson is required in order to receive credit for volunteer hours served. A signature is not required if you signed the log-in sheet for the activity or event. Information submitted is subject to verification.

**Hours may only be in full or half hour increments.**

Date of Service	Type of Service	Teacher/Chairperson	Hours

Send original form to the office before the end of each quarter. Retain a copy for your records.