

Family Volunteer Hours (FVH) Log Form

Volunteer Name: _____

Student(s) Name & Grade (s): _____

Meeting, Event or Fundraiser: _____

Date: _____

Time in: _____ Time out: _____ Total # of hours: _____

Signature: _____

By signing this form, I state that I have worked these hours and that they are accurate.

FVH event co-chair or volunteer tracker Signature: _____

All hours must be approved by the FVH event co-chair, volunteer tracker, FVH coordinator, Development Director or Principal.

PLEASE TURN THIS FORM INTO THE SCHOOL OFFICE, ATTENTION Family Volunteer Hours Coordinator or you may email the completed form to cathedralfvh815@gmail.com . That is the only way your hours will be tracked and applied to your family account.

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