

OACS VOLUNTEER HOURS

STUDENT INFO

Name: _____

Grade: _____ Homeroom: _____

VOLUNTEER INFO

Name: _____

Date Task Completed: _____

TO BE COMPLETED BY TEACHER OR STAFF AWARDING/VERIFYING HOURS

TEACHERS, PLEASE FILL OUT AND PLACE IN PTO BOX IN FRONT OFFICE.

Classroom Support (Materials/Supplies/Time/Effort)

Conference



Name of Teacher Awarding Hours: _____

Number of Hours Awarded: _____

Teacher Initials: _____

TO BE COMPLETED BY PTO VOLUNTEER COORDINATOR

Received: _____
DATE

Entered: _____
DATE

Coordinator: _____
INITIALS

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