

# ST. JOSEPH SCHOOL

## H.S.A. VOLUNTEER LOG

The volunteer hours that you will enter on this form will be applied to the current quarter. If you have met this quarter's required hours, then, these hours will be carried over to the next quarter.

Date: \_\_\_\_\_ Hours Worked today: \_\_\_\_\_

Volunteer/Parent's Name: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

Student Grade: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher/Person in Charge Signature: \_\_\_\_\_

Volunteer/Parent Signature: \_\_\_\_\_