

Bishop Garcia Diego High School
PARENT VOLUNTEER HOURS RECORD
(to be completed and returned to the front office monthly)

Parent name _____ Student Name _____

Hours served during the month of (please check box):

- Aug Sept Oct Nov Dec Jan
 Feb Mar Apr May June July

Activity	Date	Hours

REMINDER: ***YOU*** are responsible for reporting volunteer hours worked. Please return this form, completed, each month during which you did **any type** of volunteer time. (This includes auction donations, or any other service hour credits you may accrue.)

In order to be counted, hours worked *must* be turned in by the end the month following their performance.

Submit Form