

**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.**

Email form to: [volunteerhours@bishopdiego.org](mailto:volunteerhours@bishopdiego.org)