GIFTS VOLUNTEER RECORD CHART

FOR 2009-2010

Completely fill in all columns. Incomplete entries will not be recorded.

ACTIVITY DATE *(MMM-DD)*	VOLUNTEER NAME *(First and Last)*	DESCRIPTION OF ACTIVITY *(Please list activity and your role)*	SUPERVISOR NAME *(Teacher, Coordinator)*	HOURS
Sep-17	*Joe Volunteer*	*Field Trip – Crawford Lake – Drive/Chaperone*	*Mrs. Jane Doe*	*6*

When filling out this form please:

- Do not submit hours on this sheet that have already been recorded at school
- Do not submit fundraising hours (see page 1-8 in handbook for a list of all fundraisers). These will be submitted by the fundraising volunteer coordinator
- Keep your own record of all volunteer hours (including fundraising) for reference.