

Sacred Heart Catholic School

1007 Trail Street
Floresville, TX 78114
Phone: (830) 393-2117
Fax: (830) 393-6968

www.shsfloresville.org

2016-2017

Parent Name: _____

Parent E-Mail: _____

Phone #: _____

Student Name: _____

Teacher/Grade: _____

Service hours must be recorded on this form and **turned in within (2) TWO WEEKS** after service work is completed.

Date	Volunteer Name	Service Location/ Event	Service Description	Hours/ Items

The form **MUST** be signed by school principal, PTC Executive officer, or activity chairperson at the activity confirming the hour's worked. **Volunteers cannot sign own service hour form.** If your sheet is not signed or not turned in within two weeks after the event, **NO** credits will be granted. If you have any questions please contact the school office.

X

Signature