

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

Parent/Guardian/Family Representative Name: \_\_\_\_\_



# St. Joseph Catholic Parish School Volunteer Hours Reporting form

*Please fill out the information below and bring to the head of the event for verification of time/service.  
After hours are verified, please turn in your form to the front office at SJS.*

### Pre-determined credits:

#### 1 hour earned for:

- Back to School Night
- First Quarter Parent Teacher Conferences
- State of the School Meeting
- Home and School Association Meeting

Verified by: \_\_\_\_\_

Please print

\_\_\_\_\_  
Please sign/date

#### 5 hours earned for:

- Chairperson for Muffins for Moms
- Chairperson for Donuts for Dads
- Chairperson for Box Tops for Education
- Chairperson for Baked Goods

Verified by: \_\_\_\_\_

Please print

\_\_\_\_\_  
Please sign/date

#### 10 hours earned for:

- Room Representative
- SJS Sponsored Sport Team Parent
- Event Chairperson/Co-Chairperson
  - Catholic Schools Week
  - Grandparents' / Special Friends' Day
  - Teacher Appreciation Committee
  - Uniform Swap
  - Field Day

Verified by: \_\_\_\_\_

Please print

\_\_\_\_\_  
Please sign/date

#### 20 hours earned for:

- School Advisory Council member
- HSA Executive Board member
- Coach / Assistant Coach for an SJS sponsored sports team
- Booster Club Chairperson
- Major Fundraising Chairperson/Co-Chairperson
  - Fall Festival
  - SJS Jog
  - Spring Event
- Faculty / Staff with student(s) attending the school

Verified by: \_\_\_\_\_

Please print

\_\_\_\_\_  
Please sign/date

### Additional volunteer opportunity completed:

This is to certify that \_\_\_\_\_ completed \_\_\_\_\_ hours of service for the following project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by: \_\_\_\_\_

Please print

\_\_\_\_\_  
Please sign/date

\_\_\_\_\_  
Title (as related to volunteer project; coordinator, etc.)