ST. MARY CATHOLIC SCHOOL

VOLUNTEER HOURS

SAFE ENVIRONMENT TRAINING ON FILE

YES ☐ NO ☐ PENDING ☐

School Year:____________________

NAME ____
Last *First*

STUDENT(S) NAME(S):__________________________________ **GRADE(S)**____________

__________________________________ ____________

DATE	TIME IN	TIME OUT	ACTIVITY	TOTAL HRS

DATE	TIME IN	TIME OUT	ACTIVITY	TOTAL HRS