ST. MARY CATHOLIC SCHOOL

VOLUNTEER HOURS

CALLED TO PROTECT 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